



**AlohaCare**  

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**For a healthy Hawaii.**

# **AlohaCare Cultural Competency Plan**

## **Introduction**

AlohaCare is committed to serving our members, providers and the larger community as a unifying force for health and health care. This is achieved through the embodiment of the aloha spirit. “Aloha” is an inclusive, embracing and caring philosophy of life that accepts differences and guides personal interaction towards “pono” – goodness, excellence and wellness. Using this approach, we have developed our Cultural Competency Plan to help us effectively communicate with our members of all ethnicities and cultures.

## **The Meaning of Cultural Competence**

Cultural competence is a set of consistent behaviors, attitudes and policies that guide work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that includes 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 and needs presented by consumers and their communities.

Maintaining cultural competence requires ongoing integration of knowledge, information and data from and about individuals, families, communities and groups and use of that knowledge to adjust specific clinical standards and practices, skills, service approaches, techniques and marketing strategies to match the service population and increase the quality and appropriateness of health care.

## **Purpose**

The purpose of our Cultural Competency Plan is to ensure AlohaCare meets the culturally and linguistically diverse needs of our members and directs the development of systems, policies and procedures to reflect the needs of our culturally diverse members.

## **Membership Demographics**

As a statewide health plan, we must be familiar with the demographics of our membership. Our unique geographic location and history of native and immigrant groups have contributed to a richly diverse population. While our membership generally represents a cross-section of Hawaii’s demographics, our membership has unique traits that require a high level of sensitivity to meet their health care needs. Understanding member demographics allows for identifying and understanding health practices and behaviors.

- **Geography:** The majority of our members reside on Oahu, the most urban and populated island. Nearly half of our membership resides on the Neighbor Islands: Maui, Kauai, Molokai, Lanai and Hawaii Island. The Neighbor Islands are predominantly rural communities and face challenges in access to care in the community or on the island

due to a shortage of providers and longer travelling distances. Travel to Oahu to receive care is not uncommon.

Island	Percentage of Membership
Oahu	54%
Hawaii Island	19%
Maui	14%
Kauai	9%
Molokai	3%
Lanai	<1%

- Ethnicity:** No one ethnic group in Hawaii constitutes a majority, so the often-used term “minority group” cannot be applied in Hawaii – every group is a minority. Common ethnic groups of our members are Native Hawaiian, Other Pacific Islanders/Samoan, Caucasian and Chinese/Filipino/Japanese/Korean/Other Asian. Ethnic differences can influence the way one perceives illness and disease, their behavior in accessing care, their ability to effectively communicate with health care professionals or their beliefs in health and wellness.

Ethnicity	Percentage of Membership
Native Hawaiian	22%
Chinese/Filipino/Japanese/Korean/Other Asian	21%
Caucasian	19%
Other Pacific Islanders/Samoan	14%
African American	1%
Hispanic/Puerto Rican	<1%

- Language:** Due to Hawaii’s broad range of races and ethnicities and large immigrant communities, it cannot be assumed that one’s first language is English. Common languages spoken by our members other than English are Marshallese, Palauan, Chuukese, Micronesian, Samoan, Ilocano and Vietnamese. Pidgin, a creole language originating as a form of communication used between English speaking residents and non-English speaking immigrants, is also commonly spoken by our members. Having limited English proficiency poses a greater risk for miscommunication, including misunderstanding of one’s care plan, medication errors and lack of follow through from patients. It also decreases opportunities to develop positive rapport and trust between the member and health care provider.

<b>Spoken Language</b>	<b>Percentage of Membership</b>
English	50%
Other*	47%
Chuukese	< 1%
Samoan	< 1%
Marshallese	< 1%
Ilocano	< 1%
Vietnamese	< 1%
Korean	< 1%
Cantonese	< 1%
Chamorro	< 1%
Tongan	< 1%
Hawaiian	< 1%

*\*Other languages are not identified by members*

<b>Written Language</b>	<b>Percentage of Membership</b>
English*	99%
Chuukese	< 1%
Chamorro	< 1%
Filipino	< 1%
Marshallese	< 1%
Korean	< 1%
Vietnamese	< 1%

*\*English is the preferred written language unless otherwise identified*

- **Income:** To qualify for Hawaii’s Medicaid program, QUEST Integration, members must be under the designated threshold of the federal poverty level (FPL). More than 22% of Hawaii’s population is enrolled in the Medicaid program, which is more than 1 in 5 Hawaii residents. This is a factor of health for our members when accessing health care services. When income is limited, primary needs, such as food or housing, take priority over health care needs. Doctor visits may be neglected because the cost of going to the appointment is “too much” when factoring in additional expenses including time, transportation and childcare needs.

## **Objective**

The objectives of our Cultural Competency Plan are to:

- Identify when members have cultural and linguistic needs that may require alternate communication methods.
- Make available educational materials that are culturally sensitive to the member’s race, ethnicity and primary language.

- Develop the processes and tools that are available to meet the unique communication needs of our members in their interaction with employees and providers.
- Ensure that employees, providers and other health care partners recognize the culturally diverse needs of our members, exhibit respect for the worth of the individual members and protect and preserve their dignity.
- Make sure that employees, providers and other health care partners acknowledge, are educated and have tools to accommodate the different cultural and linguistic needs of the members they serve.

## **Goals**

The goals of our Cultural Competency Plan are to:

- Improve communication to and for members who have cultural and/or linguistic needs, so that all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds, understand their condition(s), the recommended treatment(s), and the effect of the treatment on their condition, including side effects.
- Improve our employees' understanding and sensitivity to cultural diversity within the organization and the members we serve.
- Improve services, care and health outcomes for members by eliminating errors, misunderstanding and access issues due to cultural differences.

## **Foundations of our Cultural Competency Plan:**

### **1. Diversity and Training of Employees**

- AlohaCare does not discriminate with regards to race, religion or ethnic background when hiring employees.
- AlohaCare seeks cultural diversity in all levels of management.
- AlohaCare seeks to recruit bilingual employees in areas that have direct contact with members.
- AlohaCare provides cultural competency education and training to employees.

### **2. Diversity and Training of Provider Network**

- Providers are recruited and contracted to ensure as much as possible a culturally diverse provider network.
- Providers are identified by their "other spoken language(s)" in the Provider Directory and Doctor Finder (web-based search tool), giving members an opportunity to select a doctor who can speak their primary language.
- AlohaCare ensures education and training for providers and their office staff to achieve cultural competency for interacting with our members and employees.
- Providers are required by contract to comply with all state and federal civil rights laws.

### **3. Linguistic Services**

- Interpreter services are available at no cost for those who have limited English proficiency or are hearing impaired. These services are provided by internal AlohaCare employees or a contracted vendor.
- Written materials are available in alternate languages and formats such as non-English languages and large print.
- Member information is provided in the member's preferred language if it is one of the four languages identified by Med-QUEST.
- Written materials are written in plain language, which is measured by writing at a 6.9 or lower reading level using the Flesch-Kincaid Index.
- Member communications include a Language Block that informs members that the information included is important and available in different languages. The Language Block is written in English and other predominate languages (as identified by Med-QUEST) including Ilocano, Vietnamese, Chinese (Traditional) and Korean.
- Sign language interpretation is available for those with hearing impairments.
- Large print and Braille are available for those with visual impairments.
- AlohaCare offers assistance to providers with members who need alternative communication methods within the provider's office.
- Members may receive interpreter services at no cost at the provider's office. This service is arranged by AlohaCare using certified interpreters.
- Members are encouraged to use interpreters provided by AlohaCare so that they do not need to rely on family members or friends.

### **4. Programs and Support Services**

- Service Coordination Program
  - Service Coordinators are trained to assess the member's need beyond their medical conditions to include the member's cultural and social needs such as language, cultural behaviors, disability, transportation needs, housing and family situation.
  - Cultural and social needs are considered in the development of service plans to ensure all needs are met for maintaining the member's lifestyle.
- Care Coordination Program
  - Care coordinators are trained on how to overcome language barriers and cultural behaviors, along with other special needs, which may be a barrier for members as they interact with AlohaCare and their providers.
  - Cultural issues are considered in the development of treatment plans and to ensure proper education for maintaining care.
  - Care coordinators connect members to community resources based on the member's need.

- Disease Management Program
  - Disease Management nurses provide support to members with chronic diseases. They work collaboratively with the member's service coordinator, care coordinator, the PCP and other providers, family and caregivers, and other organizations with specialized programs for culturally diverse members with chronic diseases to support self-involvement in their own care.

## **5. Community Outreach**

- The AlohaCare Board of Directors represents a diverse group of community stakeholders. The majority of Board members are executives from Federally Qualified Health Centers (FQHCs) throughout the state and are knowledgeable of and advocate for the ethnic and cultural diversities of people in the areas they represent.
- AlohaCare partners with community organizations which support all ethnicities, cultures, income level and disabilities to make sure members are able to access these community resources.
- AlohaCare works closely with community partners to provide better ways to communicate health care information to the groups they represent.

## **6. Alternate Media**

- AlohaCare ensures the website is easy to navigate for members with disabilities, such as those with visual impairments.
- Members have access to TTY/TDD line for hearing impaired services.
- The website offers materials to be translated in other languages for those with limited English proficiency.

## **7. Data Analysis**

- AlohaCare routinely collects and analyzes member data on race, ethnicity and primary language. Analysis of this data is used to determine the need to change or add to member services, employee and provider training, member education materials and other tools.
- Data are used in the analysis of culturally appropriate services and member education materials including, grievance and appeals, request for translation services, requested for member information in alternate languages, request for providers who speak specific languages or who need special services, such as those with hearing impairments.

## **8. Monitoring and Performance Improvement**

- AlohaCare establishes one or more goals annually for addressing the needs of its culturally and linguistically diverse population in the Quality Improvement Workplan.
- AlohaCare reviews annual surveys results for member and provider feedback.
- AlohaCare reviews member care and service plans for increased member engagement.
- AlohaCare provides ongoing monitoring and measurement through member grievance and appeals data for care provided by the health plan and provider network. AlohaCare receives regular feedback from member and provider services staff.
- AlohaCare reviews and monitors member and provider requests for interpreter assistance.
- AlohaCare reviews and monitors member requests for materials in their preferred language and alternate formats.
- AlohaCare identifies opportunities for program improvement.
- AlohaCare reviews and updates the annual work plan to support monitoring and performance improvement.

### **Availability**

The Cultural Competency Plan is available upon request. AlohaCare provides this at no cost to the requester.