POLICY AND PROCEDURE

DEPARTMENT: Quality Improvement	**DOCUMENT NAME:** Cultural Competency Program
PAGE: 1 of 24	**REPLACES DOCUMENT:**
APPROVED DATE: 04/30/2014	**RETIRED:**
EFFECTIVE DATE: 4/30/2014	**REVIEWED/REVISED:** 05/14; 6/15; 8/15; 9/16, 9/17, 9/18, 9/19
PRODUCT TYPE:	**REFERENCE NUMBER:** MO.QI.21

SCOPE: Applicable to Home State Health

PURPOSE: To describe the Home State Health (Home State) cultural competency program.

POLICY: Home State is committed to providing quality health care services regardless of age, gender, ethnicity, socioeconomic status, or sexual orientation. Home State requires annual cultural diversity and sensitivity training for internal staff. In addition, Home State provides educational information and resources to participating providers offering support to providers as they endeavor to foster equitable treatment of their clients and to prevent discrimination.

PROCEDURES:
Cultural competency training is conducted in conjunction with the Centene Corporate "Business Ethics and Conduct Policy" via an on-line module at Centene's Cornerstone Learning (https://centene.csod.com). New employees receive training within the first two (2) weeks of hire date. Existing employees receive annual refresher training. For Home State participating providers, this information is included in Home State's Provider Manual. Home State provides assistance to members, including, but not limited to, auxiliary aides and services, such as providing translation services, communication in alternative languages and toll-free numbers with TTY/TDD, American Sign Language, and interpreter capability.

This document represents the Home State Cultural Competency Strategic Plan and cultural diversity and sensitivity concepts presented to staff and providers.

POLICY AND PROCEDURE

DEPARTMENT: Quality Improvement	**DOCUMENT NAME:** Cultural Competency Program
PAGE: 2 of 24	**REPLACES DOCUMENT:**
APPROVED DATE: 04/30/2014	**RETIRED:**
EFFECTIVE DATE: 4/30/2014	**REVIEWED/REVISED:** 05/14; 6/15; 8/15; 9/16, 9/17, 9/18, 9/19
PRODUCT TYPE:	**REFERENCE NUMBER:** MO.QI.21

2019 Cultural Competency Strategic Plan

POLICY AND PROCEDURE

DEPARTMENT: Quality Improvement	**DOCUMENT NAME:** Cultural Competency Program
PAGE: 3 of 24	**REPLACES DOCUMENT:**
APPROVED DATE: 04/30/2014	**RETIRED:**
EFFECTIVE DATE: 4/30/2014	**REVIEWED/REVISED:** 05/14; 6/15; 8/15; 9/16, 9/17, 9/18, 9/19
PRODUCT TYPE:	**REFERENCE NUMBER:** MO.QI.21

PREFACE

Home State Health (Home State) is committed to establishing multicultural principles and practices throughout its organizational systems of services and programs. That mission is supported by facilitating the process by which Home State can respond to the healthcare needs of all individuals, regardless of their race, ethnicity, cultural background, religious beliefs, or preferred language.

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) are established with the principal goal of providing the diverse population of the United States with improved health quality and equity. These standards promote optimizing the health care experience of minority populations primarily through the areas of:

- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement and Accountability

Centene Corporation (Centene) and Home State are dedicated to supporting and implementing CLAS standards and eliminating health disparities in the Missouri population.

This report outlines Home State's Cultural Competency plan and is designed to help Home State in its effort to continually seek ways to better serve the Medicaid population of Missouri. The following report intends to identify the challenges members face and the current health disparities that plague Missouri. Home State remains devoted to its members and this plan demonstrates Home State's commitment to continually seek ways to better serve its members.

POLICY AND PROCEDURE

DEPARTMENT: Quality Improvement	**DOCUMENT NAME:** Cultural Competency Program
PAGE: 4 of 24	**REPLACES DOCUMENT:**
APPROVED DATE: 04/30/2014	**RETIRED:**
EFFECTIVE DATE: 4/30/2014	**REVIEWED/REVISED:** 05/14; 6/15; 8/15; 9/16, 9/17, 9/18, 9/19
PRODUCT TYPE:	**REFERENCE NUMBER:** MO.QI.21

MISSOURI DEMOGRAPHIC PROFILE

The Home State Demographic profile was updated in April 2016 and is based on the most recent demographic data available. The primary sources for this data were as follows:

Kaiser Family Foundation. State Health Facts http://kff.org/state-category/health-status/?state=MO

Missouri Census Data Center. (2016). ACS Profiles http://census.missouri.edu/acs/profiles/.

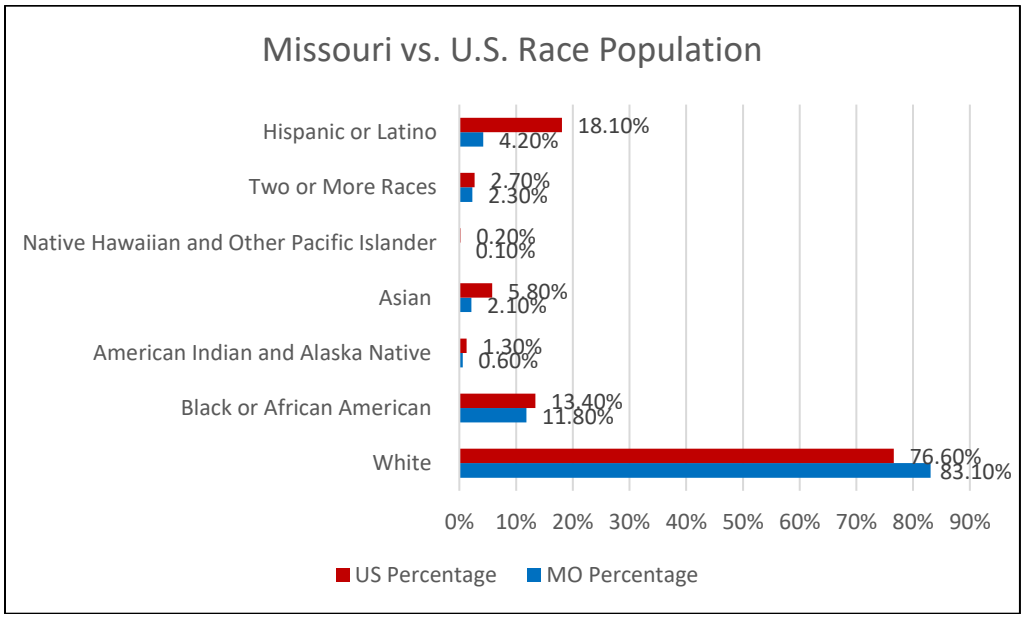
Missouri Medicaid Marketplace Overview. https://www.medicaid.gov/medicaid-chip-program-information/by-state/missouri.html

U.S Census Bureau, Quick Facts (2017). https://www.census.gov/quickfacts/fact/table/mo,US/PST045217

U.S. Census Bureau, Small Area Income and Poverty Estimates. http://www.census.gov/did/www/saipe/index.html

2018 Missouri Poverty Report http://www.caastlc.org/wpsite/wp-content/uploads/2018/03/MCAN-MEP-2018-MissouriPovertyReport-DigitalDownload.pdf

The state of Missouri consists of a total population of 6,113,532 as of 2017. Of these residents, 50.89 percent are female and 49.1 percent are male. 22.6 percent of the Missouri population is under the age of 18 years old, while 6.1 percent are under 5 years old. Those 65 and over make up 16.5 percent of the population. According to the most recent data available, the Missouri population's ethnic background compares to the United States as follows:



POLICY AND PROCEDURE

DEPARTMENT: Quality Improvement	**DOCUMENT NAME:** Cultural Competency Program
PAGE: 5 of 24	**REPLACES DOCUMENT:**
APPROVED DATE: 04/30/2014	**RETIRED:**
EFFECTIVE DATE: 4/30/2014	**REVIEWED/REVISED:** 05/14; 6/15; 8/15; 9/16, 9/17, 9/18, 9/19
PRODUCT TYPE:	**REFERENCE NUMBER:** MO.QI.21

Medicaid and CHIP Data

As of June 2019, there are 840,660 people in Missouri currently enrolled in Medicaid and CHIP (Children Health Insurance Program). This is a net decrease of 0.64% since October 2013. Children make up 62.7% of the total Medicaid and CHIP population in the state of Missouri (Medicaid.gov).

Of children eligible for CHIP participation, 90.6% are currently enrolled. This is slightly below the U.S average of 93.7%.

Economic Demographics

The total Missouri population living in poverty in 2018 was 826,358 or 14%. However, there is a substantial difference in the poverty level between White Missouri residents, and all other races. Only 11.9% of the White population is below the poverty level, compared to 24.9% for Black/African Americans, 24.1% for Hispanics, and 22% for all other races.
The amount of children living in poverty is also a concern for the State of Missouri, and a focus for Home State. It is noteworthy that 22.0% of all children under the age of 5 years old in Missouri live in poverty, as well as 19.2% of all Missouri children under 18 years old.

Health Demographics

This disparity between races in the poverty level seems to translate to health indicators as well. The following graph shows some of the disparities in health status experienced by Missouri citizens.

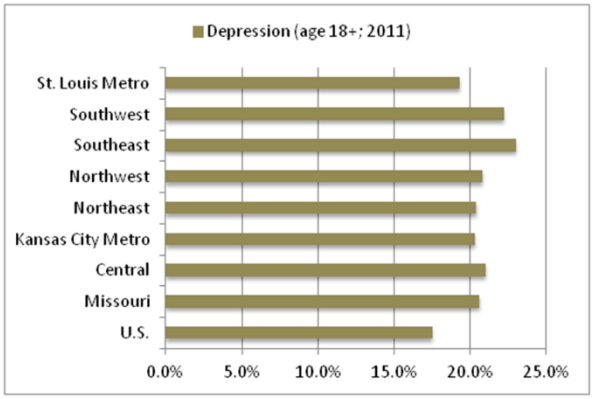
	White	Black/African American	Hispanic	Other
Infant Mortality Rate-Missouri*	5.4	12.2	6.1	4.2
Infant Mortality Rate U.S.*	5.1	11.3	5.1	N/A
Low Birth weight Percent of All Births-Missouri	7.2%	14.4%	7.2%	N/A
Low Birth weight Percent of All Births-U.S.	6.9%	13.3%	7.2%	N/A
Preterm Birth Rate-Missouri	9.4%	13.9%	8.9%	N/A
Preterm Birth Rate-U.S.	8.9%	13.4%	9.1%	N/A
Missouri Diabetes Deaths**	19.1	36.6	N/A	N/A
U.S. Diabetes Deaths**	19.4	38.4	N/A	21.5
Missouri Heart Disease Deaths**	191.7	238.3	N/A	78.1
U.S. Heart Disease Deaths**	165.9	206.3	N/A	91.3
Overweight and Obesity Rate-Missouri	65.90%	71.30%	60.20%	63.80%
Overweight and Obesity Rate-U.S.	63.20%	72.70%	70.00%	61.50%

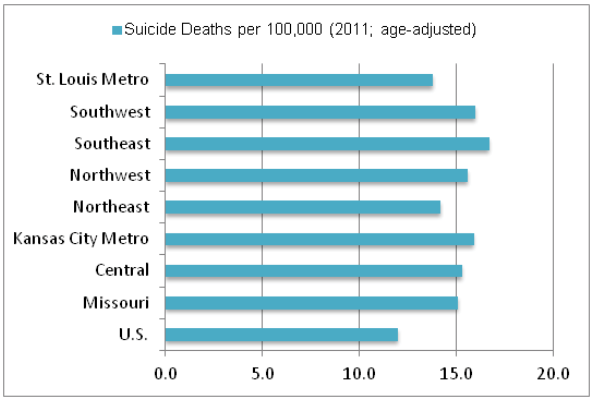
*Per 1,000 residents.
**Per 100,000 residents

In reviewing the above data, it appears that minority populations are at a much more substantial risk of being affected by negative health events. In Missouri, Black/African Americans are more than twice as likely to be affected by infant mortality, as well as low birth weight. There is also a much higher risk of diabetes and heart disease related death among Black/African Americans than there is in the White population.

Regional Information:

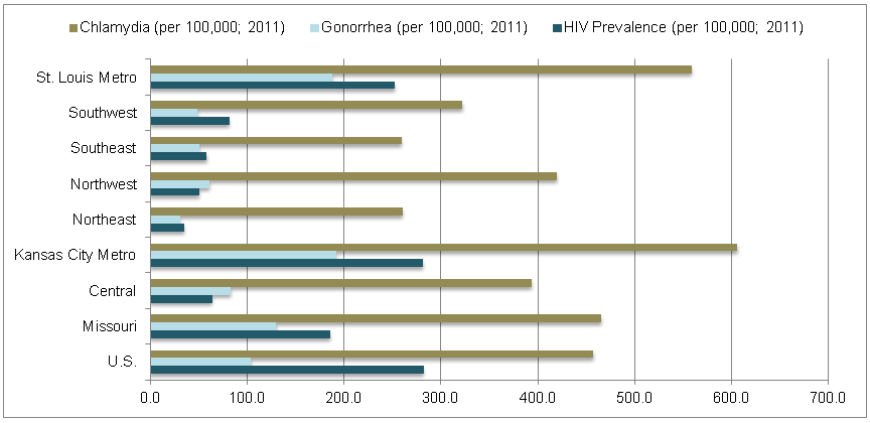
In 2013, The State of Missouri issued its most recent Community Health Needs Assessment. This assessment was mandated by the Patient Protection and Affordable Care Act of 2010 and attempted to determine what the primary areas of concern regarding healthcare were for the communities in Missouri. These communities are the same areas Home State serves, and therefore, these issues are of great importance to Home State as well.
For the State of Missouri as a whole, Depression and Suicide occur at a much higher rate than the United States average and are an area of great concern.





*Graph retrieved from Missouri Community Health Assessment, 2013

Sexually Transmitted Disease is also an area of concern in Missouri's metropolitan areas. As this graph shows, the Metro areas of Kansas City and St. Louis have incredibly high rates of Chlamydia and Gonorrhea when compared to the Missouri and U.S averages.



*Graph retrieved from Missouri Community Health Assessment, 2013

Regionally, the state of Missouri reported the following key issues:

St. Louis area:

- Access to health care services
- Quality and access to behavior and mental health services
- Health education and literacy
- Financial barriers to receiving necessary health care
- Safety within the community
- Proper training of health care professionals
- Chronic conditions
- Lack of Service Coordination

Springfield, MO area-:

- Access to Healthcare
- Behavior and Mental Health services availability and quality
- Health Education and Literacy.

Kansas City, MO area:

- Access to Healthcare services
- Infant Health
- Mental and Behavioral Health
- Nutrition/Physical Activity/Weight
- Injury and Violence
- Tobacco, Alcohol/Substance Abuse

St. Joseph, MO area:

- Access to Affordable Health Care and Medication
- Adult and Childhood Obesity
- Mental Health Services

Cape Girardeau area:

- Access to healthcare services
- Behavior and Mental Health
- Financial Barriers to receiving healthcare
- Chronic Conditions
- Nutrition and Obesity
- Smoking related Cancer.

*Information Retrieved from 2016 Community Health Needs Assessment reports from Hospitals listed in Appendix A.

Our Response

Home State, as previously stated, is dedicated to meeting and exceeding the needs of Missouri's diverse population. Home State recognizes the disparities in the population and has programs in place to help combat these negative trends. This section will further discuss the programs that are used to target these trends.

Infant Mortality and Low Birth Weight

Start Smart for Your Baby is an award winning program designed to reach women early in their pregnancy. In infants, there tends to be a distinct disparity between races and outcomes such as mortality rate, low birth weight, and preterm birth rate. Start Smart begins with early outreach to pregnant mothers and provides incentives for making and keeping prenatal doctor visits. Start Smart provides access to an on call staff, home visits, and can arrange transportation as well. This program is unique to Home State and is one of its signature programs.

Home State also offers a High Risk Pregnancy Program that focuses on mothers who have had premature births in the past. This program is aimed at doing everything possible to help these mothers deliver healthy babies. It is the belief of Home State that this program is a great step forward in eliminating the disparity between races in regards to low birth weight and preterm birth rate.

Case Management and Disease Management Programs

In regards to some of the other disparities mentioned, such as STD's, Diabetes, and Obesity; Home State offers members with these health issues Case and Disease Management services. The Case and Disease Management teams are able to provide services such as scheduling physician visits (in some instances home visits are provided), arranging transportation, and can coordinate services between providers. These teams also offer access to health coaches that can provide training to the member on how to manage their health. This includes information on medications, tests available, when to contact their primary care physician and management programs. Home State has also designed specific management programs aimed at childhood obesity, and weight management.

Suicide and Depression

As before mentioned, Suicide and Depression are great areas of concern for the State of Missouri. With Missouri rates well above the national level, it is important to take a targeted approach to these sensitive issues. Home State members have access to an on-call Missouri licensed behavioral health professional 24/7 through our crisis line. Members can access this service by calling Home State's single access point, with a live representative 24/7. Members needing behavioral health support are warm transferred to a behavioral health professional. Additionally Home State targets depression at its start by performing depression and postpartum depression screening. Case management services are also offered to those suffering from depression and behavior health issues.

Access to Healthcare Services

Access to healthcare services was another consistent area of concern throughout Missouri. Home State does not require prior authorization for emergent services, allowing for quick service in times of need. Transportation services are also made easily available to those in need, ensuring transportation does not become a barrier to receiving necessary care. Also, in certain incidences, Case Management may be offered to improve coordination of care, and therefore improving members' access to healthcare services.

Additionally, Home State aims to improve access to healthcare by offering a Find a Provider portal on the Home State website. Through this portal, members can easily find providers in a wide range of specialties near them. This portal ensures that Home State's members can easily find a doctor that suits their needs. The portal will allow them to see the doctor's hours, credentials, specialty, contact information and location.

POLICY AND PROCEDURE

DEPARTMENT: Quality Improvement	**DOCUMENT NAME:** Cultural Competency Program
PAGE: 12 of 24	**REPLACES DOCUMENT:**
APPROVED DATE: 04/30/2014	**RETIRED:**
EFFECTIVE DATE: 4/30/2014	**REVIEWED/REVISED:** 05/14; 6/15; 8/15; 9/16, 9/17, 9/18, 9/19
PRODUCT TYPE:	**REFERENCE NUMBER:** MO.QI.21

Home State's CLAS Objectives

As part of Home State's efforts to serve the Missouri Medicaid population, Home State has maintained the CLAS standards as a critical part of its program. Standards are consistently reviewed and evaluated by Home State's CLAS Task Force to ensure they are being met, and Home State strives to meet and look for opportunities for improvement. The following discusses the CLAS standards:

Standard 1:
Ensure that members receive from staff and providers, effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2:
Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

Standard 3:
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 regions covered by the contract.

Standard 4:
Ensure that staff, at all levels and across all disciplines, receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 5:
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 6:
Provide to members, in their preferred language, both verbal offers and written notices, informing them of their right to receive language assistance services.

Standard 7:
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 8:
Make available easily-understood member-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the regions covered by the contract.

POLICY AND PROCEDURE

DEPARTMENT: Quality Improvement	**DOCUMENT NAME:** Cultural Competency Program
PAGE: 13 of 24	**REPLACES DOCUMENT:**
APPROVED DATE: 04/30/2014	**RETIRED:**
EFFECTIVE DATE: 4/30/2014	**REVIEWED/REVISED:** 05/14; 6/15; 8/15; 9/16, 9/17, 9/18, 9/19
PRODUCT TYPE:	**REFERENCE NUMBER:** MO.QI.21

Standard 9:
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 10:
Conduct initial and ongoing organizational self-assessments of CLAS-related activities and integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 11:
Ensure that data on the individual member's race, ethnicity, and spoken and written language are collected in health records, integrated into the plans management information systems, and periodically updated.

Standard 12:
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 regions covered by the contract.

Standard 13:
Develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and member involvement in designing and implementing culturally and liguistically appropriate services in health care.

Standard 14:
Ensure that the grievance and appeal resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural grievances and appeals by the member.

Standard 15:
Regularly make information available to the public about Home State's progress and successful innovations in implementing culturally and linguistically appropriate services, and provide public notice in their communities about the availability of this information.

POLICY AND PROCEDURE

DEPARTMENT: Quality Improvement	**DOCUMENT NAME:** Cultural Competency Program
PAGE: 14 of 24	**REPLACES DOCUMENT:**
APPROVED DATE: 04/30/2014	**RETIRED:**
EFFECTIVE DATE: 4/30/2014	**REVIEWED/REVISED:** 05/14; 6/15; 8/15; 9/16, 9/17, 9/18, 9/19
PRODUCT TYPE:	**REFERENCE NUMBER:** MO.QI.21

Appendix A

Community Health Needs Assessments

The Regional needs information was retrieved and compiled from the following Hospitals' and State of Missouri Community Health Needs Assessments:

St. Louis Area - For the Saint Louis area, the Barnes Jewish Hospital 2016 Community Needs Assessment was used. This report can be accessed at http://www.barnesjewish.org/About-Us/Community-Benefit/Community-Health-Needs-Assessment

Springfield, MO - The Springfield area needs were retrieved from the Mercy Hospital of Springfield's 2016 Community Health Needs Assessment. This assessment can be accessed at https://www.mercy.net/content/dam/mercy/en/images/springfield_chna_report_without_appendices.pdf

Kansas City, MO - The Children's Mercy Hospital of Kansas City's 2019 Community Needs Assessment was used for this area. This assessment can be accessed at https://www.childrensmercy.org/siteassets/media-documents-for-depts-section/documents-for-in-the-community/community-benefit/2019-community-health-needs-assessment-kansas-city.pdf

St. Joseph, MO- St. Joseph, MO information was retrieved from the 2017 Community Health Needs Assessment of the Mosaic Life Care Center. This assessment can be accessed at https://www.mymosaiclifecare.org/contentassets/560700dc2aa34098b640da6faad6bdb2/chna.pdf

Cape Girardeau, MO Area- For the Cape Girardeau area, the 2016 Community Health Needs Assessments of SE Health were used. These assessments can be accessed at https://www.sehealth.org/about/community-health

POLICY AND PROCEDURE

DEPARTMENT: Quality Improvement	**DOCUMENT NAME:** Cultural Competency Program
PAGE: 15 of 24	**REPLACES DOCUMENT:**
APPROVED DATE: 04/30/2014	**RETIRED:**
EFFECTIVE DATE: 4/30/2014	**REVIEWED/REVISED:** 05/14; 6/15; 8/15; 9/16, 9/17, 9/18, 9/19
PRODUCT TYPE:	**REFERENCE NUMBER:** MO.QI.21

Cultural Competency Program - Resource Information

Culture within a Culture

1. "Family" has many definitions. Definitions depend on individual experiences and ethnic backgrounds.
2. Parenting styles differ across cultures. Discipline and expressions of affection vary within different family structures.
3. The importance of the family as a source of support and encouragement during health education.
4. Children may experience different roles and expectations as a part of growing male or female in their families, their culture, and the larger culture in which they interact. Cultural background can affect the perception and experience of being male or female.
5. Families may experience intergenerational stress and value conflicts among members if grandparents, parents, and children are integrating into mainstream society at different levels.
6. Encourage communication to help overcome barriers whether those barriers include language variances, attitudinal barriers, transportation, etc.
7. Support active involvement of the family as the primary values educators of their children.

Triple Discrimination

In our society people who are low-income, of minority status, and labeled as having a disability are often at a disadvantage within the health care delivery system. It has been suggested that when these elements intersect, families and people with disabilities are more vulnerable to discrimination.

Disability has existed since the beginning of time. The ways in which people with disabilities have been treated and represented, for example, in art and media varies dramatically throughout history and among different cultures. Disabled people have been revered or ascribed with superhuman characteristics in some cases and disparaged, tortured, and even systematically murdered in others. People with disabilities also have a long history of attempting to better their situation through self-advocacy and self-determination.

Ethnicity

Though there are many aspects that shape a person, ethnicity has a major influence on how a child understands him/herself. Often it is the cultural patterns that a child learns from his/her family that form his/her view of many things including disability.

How disability is constructed within a specific culture plays a key role in understanding the meaning of disability for that person or family. The cultural context within which disability is perceived is important in knowing the kinds of services to be provided to families and people with disabilities. This notion brings up the question of how a label is defined and to who is it important. What is imposed on a family or person may be treated very differently within their cultural context. This difference is not only true in relation to labels but also in relation to parenting practices within a family.

One African-American mother may talk about sending her child to her mother in the south when she felt she needed a break. What she perceived as good parenting and love, workers entering her home see as her inability to care for her child.

When the perceived difference is seen as a deficit that needs to be worked on, people often experience a cadre of workers involved in their lives, and a new specialist for each difference identified. A number of additional conflicts emerge when services are provided based on values of the dominant culture. Often support agencies are located outside of a community and transportation becomes a problem. This development, in addition to a lack of trust in the system outside of their culture, often leads to people being labeled as unconcerned, non-compliant or uncaring about their children. It is clear that to some families the issue of disability is secondary to health issues or day to day getting by based on the overall needs of the family or person.

Culture of the Child

America is very health-conscious. More than 17 percent (17%) of the 2010 gross national product is spent on health. Yet many of America's children suffer from health problems related to poverty. One out of five children under six live in poverty and their health status is worse than that of non-poor children.

Children in poverty experience more of many types of health problems than do children in families with more adequate incomes. A particular problem's incidence, prevalence, or severity may be higher among low-income children. Rates of infant mortality (under age one) and overall childhood mortality is higher among low-income children, and certain causes of death are higher: sudden infant death syndrome (SIDS), unintended injuries, child abuse, and infectious diseases including AIDS.

Rates of morbidity are also higher. Conditions that the low-income suffer disproportionately include low birth weight, HIV infection, asthma, dental decay, measles, nutritional problems, lead poisoning, learning disabilities, unintentional injuries, and child abuse and neglect. Low-income infants and children have higher rates of hospitalization, and their health status as reported by their parents is lower than that of the non-poor.

For some low-income children, unstable or dangerous physical environments compound the difficulties created by their economic circumstances. These environments include children without permanent homes because low-cost housing is unavailable; children whose parents are migrants; and children who are in foster care. Some Native American children and children who live in rural areas or central-city urban areas also experience special health problems.

Foster Care

Although foster care placement may become the permanent placement for some children, foster care is meant to be a temporary situation until a permanent living arrangement can be achieved.

Children in foster care face a multitude of challenges. They have multiple needs that include emotional and/or psychological stress. Typically, foster children have experienced abuse (physical, emotional and/or sexual), neglect,

and chaotic family environments. Most foster children, if not all, require extensive psychological testing, which makes behavioral health an essential and vital component in each of these children's health care.

According to the National Academy for State Health Policy, foster care children are typically: maltreated, of a young age, sometimes have severe disabilities, chronic health problems and most are in need of behavioral health services.

The separation of foster care children from their biological parents creates lifelong issues for most of these children. Foster care parents are charged with creating supportive and loving environments in order to improve the child's functioning – changing the focus on their behaviors to their needs. Unfortunately, the shortage in foster care parents presents a challenge in achieving such results.

Impact of Poverty on Health

The reasons for higher rates of health problems among low-income infants and children are complex and difficult to analyze. A family's low-income, relative to its size, is associated with several demographic and psychological factors that may lead to poor health--independent of the receipt of personal health services. These factors include less than a high school education, limited English proficiency, single-parent household, teenage motherhood, and feelings of stress and depression. Poverty also makes it difficult to purchase some of the commodities conducive to good health. These commodities include adequate housing, nutritious food, transportation, drugs, medical equipment, and safety devices. In addition, low-income families frequently have little time available for health-promoting activities.

For economic, educational, and other reasons, low-income families are less likely to have healthy life-styles or to engage in health-promoting behaviors. Finally, low-income families may seem unmotivated to seek personal health services when the problem is actually lack of information, ability to communicate, fear, or different priorities regarding the use of time and money. When financial barriers are removed, the care-seeking behavior of many of the poor closely resembles that of the non-poor.

The Personal Health Care Patterns of Families in Poverty

Even though many of the health problems experienced by low-income children are the direct or indirect consequences of poverty and related factors, health-related services can play an important role in preventing and ameliorating these problems. Low-income families have different patterns of health service utilization than do non-poor families, but these differences may be largely a function of financial constraints.

Low-income families participate less in activities that reduce injuries and poisonings. Low-income women are more likely to have unwanted or mistimed births, and they are less likely to use contraceptives. Low-income pregnant women are less likely to begin prenatal care in the first trimester and more likely to receive no care at all.

The number of physician visits per year is lower for low-income children than non-poor children. The source of medical care also differs, with non-poor children less likely to be seen in a physician's office and more likely to be seen in an emergency room, a clinic, or a hospital outpatient department. Children of color are less likely to be fully immunized than white children.

1. All staff and subcontractors should have baseline knowledge of:
    - Ensuring effective communication through the provision of linguistic services following Title VI of the Civil Rights Act guidelines; and
    - Ensuring the provision of auxiliary aids and services, in compliance with the Americans with Disabilities Act, Title III, Department of Justice Regulation 36.303.

2. In general, the Americans with Disabilities Act requires a public accommodation to take such steps as may be necessary to ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids and services, unless the public accommodation can demonstrate that taking such steps would fundamentally alter the nature of the goods, services, facilities, advantages, or accommodations being offered or would result in undue burden. Auxiliary aids may include offering materials in alternative formats (i.e. large print, tape or Braille), and

interpreters or real-time captioning to accommodate the needs of persons with disabilities that affect communication.

3. Staff and subcontractors will be educated about the regulations during their regular training related to the Cultural Competency Plan. Refresher training will also be offered periodically.

Both Acts may be reviewed on the Internet. Title VI of the American Civil Rights Act can be found at https://www.justice.gov/crt/fcs/TitleVI-Overview. Americans with Disabilities Act, Title III, is located at https://www.ada.gov/ada_title_III.htm.

Special Services

If a deaf or hearing impaired Member requests sign language interpreter services, reference Policy CC.MBRS.16 for procedures for requesting interpreter services.

POLICY AND PROCEDURE

DEPARTMENT: Quality Improvement	**DOCUMENT NAME:** Cultural Competency Program
PAGE: 21 of 24	**REPLACES DOCUMENT:**
APPROVED DATE: 04/30/2014	**RETIRED:**
EFFECTIVE DATE: 4/30/2014	**REVIEWED/REVISED:** 05/14; 6/15; 8/15; 9/16, 9/17, 9/18, 9/19
PRODUCT TYPE:	**REFERENCE NUMBER:** MO.QI.21

PROTECTION AND ADVOCACY AGENCY
Missouri Protection & Advocacy Services
925 South Country Club Dr.
Jefferson City, MO 65109
573-659-0678 / 800-392-8667 /Fax 573-659-0677/
MO Relay TDD: 1-800-735-2966
Web: http://www.moadvocacy.org/

CLIENT ASSISTANCE PROGRAM
Missouri Client Assistant Program
925 South Country Club Dr., Unit B-1
Jefferson City, MO 65109
573-893-3333 / 800-392-8667 / Fax 573-893-4231 /
MO Relay TDD: 1-800-735-2966
http://www.icdri.org/legal/MissouriCAP.htm

PROGRAMS FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS
Department of Health & Senior Services
Children & Youth with Special Health Care Needs Program
PO Box 570
Jefferson City, MO 65102-0570
Telephone: 573-751-6246 or (toll-free) 800-451-0669 Fax: 573-751-6237
http://health.mo.gov/living/families/shcn/cyshcn.php

PROGRAMS FOR CHILDREN AND YOUTH WHO ARE DEAF OR HARD OF HEARING
Missouri Commission for the Deaf & Hard of Hearing
3216 Emerald Lane – Suite B
Jefferson City, MO 65109
573-526-5205 (Voice/TTY)
Videophone: 573-415-0083
Fax: 573-526-5209
Web: http://mcdhh.mo.gov/deaf-resources/

Speech and Hearing
Missouri Speech-Language-Hearing Association
2000 East Broadway, PMB 296
Columbia, MO 65201-6009
1-888-729-6742 | 1-888-729-3489 (fax)
https://www.showmemsha.org/

STATE SERVICES FOR THE BLIND
Missouri Department of Social Services
615 Howerton Court
Jefferson City, MO 65102-2320
573-751-4249 / Fax: 573-751-4984
http://dss.mo.gov/fsd/rsb/

FOSTER CARE RESOURCE ORGANIZATIONS
Missouri Department of Social Services
Foster Care Information
205 Jefferson Street, 10th Floor
Jefferson City, MO 65103
573-522-8024
http://dss.mo.gov/cd/fostercare/

REFERENCES:
Title VI of the American Civil Rights Act;
Americans with Disabilities Act, Title III;
US Census Bureau https://www.census.gov/
MO HealthNet RFPS30034901600685 effective 5/1/17
CC.MBRS.16

ATTACHMENTS:

DEFINITIONS:

POLICY AND PROCEDURE

DEPARTMENT: Quality Improvement	**DOCUMENT NAME:** Cultural Competency Program
PAGE: 23 of 24	**REPLACES DOCUMENT:**
APPROVED DATE: 04/30/2014	**RETIRED:**
EFFECTIVE DATE: 4/30/2014	**REVIEWED/REVISED:** 05/14; 6/15; 8/15; 9/16, 9/17, 9/18, 9/19
PRODUCT TYPE:	**REFERENCE NUMBER:** MO.QI.21

POLICY AND PROCEDURE

DEPARTMENT: Quality Improvement	**DOCUMENT NAME:** Cultural Competency Program
PAGE: 24 of 24	**REPLACES DOCUMENT:**
APPROVED DATE: 04/30/2014	**RETIRED:**
EFFECTIVE DATE: 4/30/2014	**REVIEWED/REVISED:** 05/14; 6/15; 8/15; 9/16, 9/17, 9/18, 9/19
PRODUCT TYPE:	**REFERENCE NUMBER:** MO.QI.21

REVIEW AND REVISION LOG

REVISION	DATE
Combined MO.QI.21 with MO.QI.21.01 (Attachment A)	6/3/15
No changes	8/31/15
Removed additional revision log	9/27/16
Added Home State's 2016 Cultural Competency Strategic Plan	9/29/2016
Removed Actions Taken from Strategic Plan. Updated with most current available data. Updated references. Minor grammatical and formatting changes.	9/21/2017
Updated with most current available data. Updated references and links.	9/24/2018
Updated with most current available date. Updated references and links. Minor formatting changes.	9/24/2019

POLICY AND PROCEDURE APPROVAL

Vice President, Medical Management:_____Approval on file_____

Chief Medical Director:_____Approval on file_____