



Aetna Better Health of Texas

2024
Health Equity & Cultural
Competency Program Description

Health Equity Cultural Competency Program

Effective 3/1/2024

Table of Contents

- INTRODUCTION 4
 - Definitions 4
 - Executive Summary..... 5
 - Accomplishments and Awards 6
 - Our Commitment to Culturally and Linguistically Appropriate Services (CLAS) 6
 - What is Cultural Competency? 7
 - Cultural Competency – A Path to Health Equity 8
 - Health Equity 9
 - Health Equity Program Objectives 10
 - Health Equity Program Scope 11
 - Health Equity Program Goals 12
 - Member and Community Partnerships 12
- OUR PROMISE 12
 - Values & Mission 12
 - Best Practices..... 13
 - Who We Serve..... 14
- POPULATION ASSESSMENT 14
- NONMEDICAL DRIVERS OF HEALTHCARE (SOCIAL DETERMINANTS OF HEALTH) CLAS PROGRAM OVERVIEW 14
 - Health Equity Plan (HEP) & Planning Process..... 15
 - CLAS Program..... 16
 - Cultural & Linguistic Suite of Learning Opportunities..... 17
- NATIONAL AND MARKET ALIGNMENT 18
- DEPARTMENT SPECIFIC RESPONSIBILITIES 19
 - Community Outreach..... 19
 - Compliance..... 20
 - Human Resources 23
 - Recruitment..... 24
 - Strategic Diversity and Inclusion Roadmap 24
 - Training and Education 25
 - Colleague Resource Groups 25
 - Cross-Enterprise Strategic Innovation (CESI) Culture, Diversity, and Inclusion Initiatives 26
 - Marketing..... 27
 - Medical Management 28
 - Member Services 29
 - Provider Services 30
 - Social Impact 31
 - Quality..... 31
- PROGRAM EVALUATION..... 32

Health Equity Cultural Competency Program

Effective 3/1/2024

- 2024 Needs Identification/Identification of Goals 33
 - Goals 35
 - Conclusion 35
- Appendix A 36
- National CLAS Standards 36
 - Governance, Leadership, and Workforce: 36
 - Communication and Language Assistance: 37
 - Engagement, Continuous Improvement, and Accountability: 38
- Signature Page..... 41

INTRODUCTION

Definitions

Census data- An official record of a population collected by the United States Census Bureau with individual details as to age, sex, race, etc.

Culturally and Linguistically Appropriate Services (CLAS) Standards – A set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services.

Cultural Competency – The integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes.¹

Demographics – Refers to the characteristics of a population, that often include age, gender, race, ethnicity, language, disability status, sexual orientation, gender identity, etc.

Health Equity – Achieving health equity and putting employees and members on a path to better health is a priority for this organization. “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”² This is not the same as ‘equality,’ whereas a member with worse health or fewer resources would need to expend more effort to improve their health.

Health Equity Accountable Leadership (HEAL) – A committee made up of national Health Equity Directors and leads which serves as a resource across all health plan organizations.

Health Equity Data – The combination of quantitative and qualitative elements that enable the examination of health differences between populations and their causes.³

Health Equity (HE) Director (or lead) – The lead who facilitates the Health Equity Plan (HEP) planning process to ensure engagement of all department leaders, alignment with CLAS standards, and compliance with the HEP.

Health Equity Plan (HEP) – A strategic and operational document designed to systematically address disparities in health care access, quality, and outcomes

¹ CDC. Cultural Competence in Health and Human Services: [Cultural Competence In Health And Human Services | National Prevention Information Network \(cdc.gov\)](https://www.cdc.gov/nceh/od/ppo/2011/cultural-competence-in-health-and-human-services/)

² Robert Wood Johnson Foundation. What is Health Equity? <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

³ CMS. The Path Forward [The Path Forward: Improving Data to Advance Health Equity Solutions | CMS](https://www.cms.gov/medicare/medicare-eligibility/eligibility-requirements-for-medicaid-dual-eligibility/medicare-eligibility-requirements-for-medicaid-dual-eligibility)

among diverse populations.

Functional Area- Various departments in the health plan that collaborate with the HEAL Council to develop a dynamic HEP. The functional area leads are responsible for the development, implementation, monitoring and annual revisions of the HEP and process.

Health Equity (HE) Dashboard – A tool to support health plans with analyzing population health and quality data to understand whether and where significant separation exists within outcome metrics and demographic categories, when compared to Medicaid and general health care benchmarks.

Executive Summary

The characteristics of our nation and state’s population are constantly changing resulting in ever evolving diversity among consumers of healthcare. The demands of such significant diversity present a challenge to healthcare organizations, providers, practitioners, and policy makers to develop, implement and provide competent services that address cultural and linguistic needs of their members.

Aetna Better Health of Texas (ABHTX) believes that a person’s health beliefs and communication style have a significant impact on how members perceive and approach medical care. Concerns such as effective communication among people from culturally diverse backgrounds and variations in belief systems not only influence customer satisfaction but can also impact clinical outcomes and shapes the entire member experience.

Aetna understands the importance of developing a culturally competent approach to healthcare and the healthcare systems to improve quality of care and reduce health disparities.

As a result, this Health Equity, Culturally and Linguistically Appropriate Services (CLAS), and Cultural Competency program description was strategically designed to address cultural and linguistic competency of the members we serve. ABHTX recognizes that a person’s cultural norms, values, and beliefs shape how they approach and utilize health care services. Numerous cultural variables including, but not limited to ethnicity, race, gender, sexual orientation, religion, age, socio-economic status, primary language, and English proficiency influence the way in which a person seeks and utilizes health services and the way a person approaches and manages recovery. We believe that cultural responsiveness is part of the mission of our organization and should be part of every aspect of member interaction and local, community-based care delivery.

The cultural literacy principles guide everything we do and incorporate our organization’s values and mission. These principles apply to and involve all functional areas of our health plan and permeate into our processes, systems and policies and procedures to effectively address the diverse cultural and linguistic needs of our members and their families. This plan, described in the following pages, includes a comprehensive workplan that details specific strategies and tasks assigned to each

health plan department. To this effect, this document is compiled in 2 sections:

- ❖ The Health Equity, CLAS, Cultural Competency Program Description
- ❖ The Health Equity, CLAS, Cultural Competency Work Plan

Accomplishments and Awards

CVS Health/Aetna is proud of the awards and recognition we have received for our programs and practices in the area of Diversity and Inclusion, which include but are not limited to:

- *'Best of the Best'* by Black EOE Journal (awarded for Top Employers, Top LGBTQ+ Friendly Companies, Top Insurance Companies), 2016-2022
- *'Best of the Best'* by the National LGBT Chamber of Commerce, for LGBTQ inclusion, 2021
- *'Top 50 Companies for Diversity'* by Diversity, Inc Magazine, 2009-2021
- Among the Top 10 employers of *'Top 50 Companies Hiring for Remote Jobs'* by FlexJobs.com, 2021; Employee Work Flexibility Rating of 99%
- *'Best Places to Work'* via the Disability Equality Index with a score of 100 by Disability: IN, 2018-2021
- *'Latina Style 50'* by Latina Style Magazine, 2018-2020 (top 5). This list recognizes the best companies for Latinas to work in the U.S.
- *'Military Friendly Employer'* status by militaryfriendly.com. This website recognizes companies meet the standard for success in providing benefits for employees who are veterans.
- *'We 100 Corporations of the Year'* by Women/s Enterprise. This list recognized for practices that empower women in their employ. 2022.

Our Commitment to Culturally and Linguistically Appropriate Services (CLAS)

Aetna Better Health of Texas recognizes that a person's cultural norms, values, and beliefs shape how they approach and utilize health care services. Numerous cultural variables including, but not limited to, ethnicity, race, gender, age, socio-economic status, primary language, English proficiency, spirituality, religion, and literacy level influence the way in which a person seeks and utilizes health services and the way a person approaches and manages recovery. Aetna Better Health of Texas ensures culturally competent care and linguistically appropriate services by placing every member at the center of everything we do. We are committed to understanding and honoring every member's cultural and language preferences. Therefore, Aetna Better Health of Texas has established a Health Equity Plan (HEP) that aligns with established CLAS standards, and a program description designed to outline the methods and processes used to develop and maintain a culturally responsive staff, and provider network, to address our members' cultural and linguistic needs.

The program has been developed to ensure that members receive care that is

delivered in a culturally and linguistically sensitive manner. Our HEP focuses on effective and equitable care and services by respecting and honoring each member's cultural health beliefs, practices, preferred language, special needs, and socioeconomic background. The HEP is comprehensive and incorporates all members, employees, and providers and supports individual differences by recognizing that respecting the diversity of our membership has a significant and positive effect on outcomes of care. We believe that cultural responsiveness is part of the fabric of our organization and should infuse every aspect of member interaction and local, community-based care delivery.

The HEP and CLAS program is intended to address linguistic and cultural considerations including but not limited to:

- Race, Ethnicity, Age and Geographic Location
- Gender Identity and Sexual Orientation
- Physical Limitations
- Primary Language, English Proficiency, Literacy
- Economic Status, Family Roles, Community Networks
- Spiritual Practices and Beliefs

The HEP, described in the following pages, includes a comprehensive workplan that details specific strategies and tasks for each department.

What is Cultural Competency?

Aetna Better Health of Texas has a multicultural approach to health that starts with a definition that includes race, ethnicity, and preferred language, yet expands to the health impacts of poverty, health literacy, cultural beliefs, gender, physical and/or mental abilities. *Cultural 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* is the blended patterns of human behavior that include "language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups." *Competence* in the term *cultural competence* implies that an individual or organization has the capacity to function effectively within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."

Cultural competency enables us to effectively function as an organization. It impacts our relationships with one another, our members, our community, and our provider network. Furthermore, cultural competency is critical to reduce health care disparities. Discussing health concerns between members and providers without an understanding of cultural differences can hinder the conversation, yet a deeper understanding and appreciation of cultural differences enhances it. Health care services that are respectful of and responsible to the health beliefs, practices and cultural and linguistic needs of diverse members can help improve health outcomes.

Cultural Competency – A Path to Health Equity

“Health equity exists when individuals have equal opportunities to be healthy⁴.”
 “Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities⁵.” An understanding of the history of the local market and community allows us to better tailor and respond with appropriate programs, activities, and training. Our Health Equity activities are aimed at identifying and addressing the health care disparities that are creating barriers to healthy living for our members. Our collective focus on delivering culturally competent services will enable us to achieve Health Equity.

Figure 1. Health Equity vs Equality



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Equality: Everyone receives the same
Equity: Everyone received what they need

⁴ The Community Guide, Health Equity, <https://www.thecommunityguide.org/topic/health-equity>

⁵ Department of Health and Human Services. Office of Minority Health, National Stakeholder Strategy for Achieving Health Equity, https://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS_05_Section1.pdf

Health Equity

Health Equity means that everyone has a fair and just opportunity to be as healthy as possible. We are committed to advancing health equity for our colleagues, consumers, and members by improving trust, access, and quality of health for historically marginalized communities.



Fair and just

Regardless of race, ethnicity, gender, sexual orientation, gender identity, preferred language, religion, geography, income or disability status.



Healthy

A complete state of physical, mental and social well-being that is impacted by clinical and non-clinical drivers of health, including access to quality health care, education, housing, transportation and jobs.



Recognition of Racism and Discrimination

Key drivers of health outcomes, and the importance of working with communities to remove barriers to health.

Health equity is not a series of programs – it’s how we do business. By addressing health inequities, we will help improve the trajectory of health for everyone. Our goal of health equity is guided by three pillars:

1	2	3
Empower our colleagues	Measure what matters	Take bold actions
Build a foundation to educate colleagues about the causes of inequities and to empower them to partner on solutions.	Be guided by the evidence to unlock opportunities that make care more equitable and track our impact.	Be bold in thoughts and actions to improve the trajectory of health outcomes across the country.

1. Empower our colleagues – It starts within – we’re educating, empowering, and mobilizing colleagues so we are all part of the solution. Education impacts the way people think and talk about health equity and provides the building blocks to address historically driven biases and to understand the devastating impact of systemic inequities. We are mobilizing our colleagues to enable our health equity vision through tailored learning journeys. This includes working with our provider networks to advance culturally competent care. We utilize a business unit assessment tool to assess our operational and programmatic actions in a granular way to ensure a health equity lens is embedded in how we conduct our business and partner with communities.

- 2. Measure what matters**– We’re utilizing analytics to uncover inequities and directing resources to address them effectively. Our goal is to enable analyses that identify opportunities to address health inequities by increasing availability of information on race, ethnicity, language, sex, gender identity, sexual orientation and disability for our members, customers, and providers. We are utilizing available demographic information to design dashboards and reporting tools that stratify health outcomes by demographic characteristics and geography and provide insights that can be used to design programs and policies to help address and eliminate disparities.
- 3. Take bold actions** - With a series of bold actions, we’re driving equity and addressing historic systems that create disparities. We are implementing evidence-based strategies to address some of the country’s most pressing public health challenges.

Our **health equity policies** embrace principles of:

- Equitable access and nondiscriminatory practices
- Identifying and understanding the needs and help-seeking behaviors of individuals and families
- Working with natural, informal support and helping networks within culturally diverse communities

Health Equity strategic direction includes:

- Assessing population health is necessary to determine community needs
- Addressing community need helps determine interventions
- Best practice solutions can only be implemented based on proven interventions for the target population
- Measurement is an essential component to evaluate practice effectiveness

Health Equity Accountable Leadership (HEAL) Council

The Health Equity Accountable Leadership Council is comprised of representatives from each of the sixteen Aetna Medicaid health plans, key stakeholders from enterprise shared service areas, and the Aetna Medicaid Director of Health Equity Strategy and Innovation. The HEAL Council is led by the Director of Health Equity Strategy and Innovation. The goal of the council is to develop and disseminate current and relevant best practices, ensure research-based solutions, report effort and effectiveness across Medicaid Health Plans, as well as to build a colleague network of support for innovations and strategies to address the needs of our members and the communities we serve.

Health Equity Program Objectives

The Health Equity (HE) Program provides an objective and systematic framework for reporting and monitoring healthcare services and outcomes with the primary objective of actively identifying and addressing health care disparities in pursuit of equitable care for all health plan enrollees. The HE Program formalizes activities and oversight necessary to ensure the health plan meets the needs of our culturally diverse membership. Since

equitable health care is essential to high quality care, the HE program is a component of the health plan's quality management and medical management program.

Additional objectives of the HE program are to:

- Focus on issues relevant to the needs of the health plan's membership by identifying those which would reduce health care disparities and/ or promote health equity
- Promote health literacy by facilitating mechanisms for enrollees to obtain, understand and use health information and services so that they can make appropriate choices
- Promote diverse representation and cultural competency awareness to the health plan's staff and practitioner/ provider network
- Continuously monitor, evaluate, and improve our health delivery services, whether clinical or administrative, using:
 - Member enrollment data
 - Member self-reported data (health assessments and EMR data)
 - Practitioner race/ethnicity and language services data
 - Member satisfaction, inquiry, complaint, and appeal monitoring
 - Practitioner/ provider access and availability monitoring
 - Language services utilization reports
 - HEDIS and CAHPS data
- Be accountable, as applicable to legal, accrediting, and governing bodies through state and federal managed care organization laws and regulations. This includes but is not limited to the Center for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA).

Health Equity Program Scope

The Health Equity (HE) program is focused on equitable health care services. It is comprehensive in nature, promoting continuous improvement and aligning with the goals of our governing bodies such as the Department of Health and Human Services (HHS) and the National Committee for Quality Assurance. The HE program is developed and implemented by professionals with adequate and appropriate experience in quality and medical management. Key areas of focus include, but are not limited to:

- Ensuring HE program activities and initiatives undertaken are based upon regulatory requirements or quantitative and/or qualitative analysis of applicable encounter data, member demographics, practitioner network information, HEDIS, CAHPS, or other identified performance areas
- Ensuring the HE program is integrated with activities and initiatives undertaken by other operational areas such as Network Management, Provider Services, Member Services, Community Development, Medical Management, Quality Management, Operations, Pharmacy and Grievances & Appeals.
- Providing mechanisms for feedback and interpretation of findings from HE program data analysis in order to identify and prioritize opportunities for improvement.

Health Equity Program Goals

The Aetna Better Health of Texas HE program goals are as follows:

- To facilitate a process by which the health plan continually improves its services to meet the needs of diverse populations
- Promote diversity, equity, inclusion, and cultural humility awareness among staff at all levels within the organization
- To improve identified health care disparities and prioritized HEDIS measures as evidenced by year-over-year improvement through interventions directed at identified opportunities
- To involve culturally diverse groups of community members in identifying and prioritizing opportunities for improvement
- To provide ongoing monitoring of the HE program activities using an annual work plan, which is updated regularly with oversight by applicable quality committees within the health plan
- To enable a formal oversight structure through with the HE program, and subsequent evaluation of activities, can be annually reviewed and approved by a governing body

Member and Community Partnerships

Aetna better Health of Texas has partnered with many community organizations in order to invest in community health at the local level. Below are some of the Plan's current community partners:

- Member Advisory Group (MAG)
- Sustainable Food Center, Austin, TX
- East Texas Group (Nacogdoches, St. Augustine, Sabine)
- Fort Worth Housing, Fort Worth, TX
- Community Crossroads Fort Worth, TX
- United Way Early Childhood Intervention Coalition
- The Center Food Pantry- (Kaufman Co.)
- Hispanic Wellness Coalition
- Johnson County Coalition

OUR PROMISE

Values & Mission

The Aetna Better Health of Texas Health Equity & CLAS Program's mission is to work collaboratively with our members to achieve optimal health outcomes by meeting them in the communities in which they work and live, and by assisting them in obtaining personalized culturally and linguistically appropriate healthcare services to members with diverse health beliefs and practices. Delivering on this promise starts with our commitment to building a workforce that is as diverse as the individuals we serve and fostering a culture where everyone is invited to bring their unique perspectives to the table. Our approach is purpose-driven and strives to meet the needs of our workforce, our workplace environment,



and the marketplace. We are also committed to engaging our member communities by involving community stakeholders in identifying and prioritizing opportunities for the health plan to address health inequities.

Aetna Better Health of Texas uses the U.S. Department of Health and Human Services Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS standards, Appendix A) in addition to NCQA Health Equity standards as a framework for health equity initiatives and disparity reducing activities. In striving to meet these standards, Aetna hopes to drive innovation and to improve the quality of services provided to our members, recognizing that diversity and inclusion is our best resource to reshape our healthcare system and to build a better world.

At the core of our mission is a commitment to address bias and systemic barriers impacting our members, while cultivating a culture of diversity and inclusion among our staff, leadership, provider network, and external community partnerships.

The federal government established the Office of Minority Health (OMH) within the Department of Health and Human Services which developed the Culturally and Linguistically Appropriate Services (CLAS) Standards⁶. These 15 standards are organized by themes [[Appendix A](#)]:

- **Principle Standard** (Standard 1)
- **Governance, Leadership, and Workforce** (Standards 2-4)
- **Communication and Language Assistance** (Standards 5-8)
- **Engagement, Continuous Improvement and Accountability** (Standards 9-15)

The standards are intended to be inclusive of all cultures and not limited to any population group or sets of groups; however, they are especially designed to address the needs of racial, ethnic, and linguistic population groups that may experience unequal access to health services.

Best Practices

The primary objective of the HEP is to implement methodologies and processes that are mindful of the language and cultural needs of our members in an effort to measure and improve care and services to every member we serve. The objectives of the program are to:

- To ensure that the Plan and its network accurately reflect the diversity of its member population
- To identify and address inequities or disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds
- To improve the quality of services provided to our members
- To improve health outcomes for members who may be experiencing gaps in care

⁶ U.S. Department of Health & Human Services. National CLAS Standards. <https://thinkculturalhealth.hhs.gov/clas/standards>

We understand the importance of respecting the diversity of our members and the significant and positive effect it has on outcomes of care. For this purpose, we have adopted the Department of Health and Human Services' (DHHS) Culturally and Linguistically Appropriate Services (CLAS) Standards as the framework for providing culturally and linguistically competent services.

Who We Serve

Aetna Better Health of Texas operates several state-government programs that include the following:

- **Children's Health Insurance Program (CHIP)**– Serving children with family incomes too high to qualify for Medicaid but cannot afford private coverage.
- **STAR (Medicaid)** – Providing temporary assistance for families in need, including access to health care, through Medicaid.
- **STAR Kids** –Medicaid care program that provides Medicaid benefits to children and adults 20 and younger who have disabilities.

Aetna Better Health of Texas has implemented procedures to assist employees and providers to develop awareness and appreciation of cultural customs, values, and beliefs, and to provide educational information and references to facilitate their incorporation into the assessment of, treatment of and interaction with our members. We also encourage our employees to share and utilize their own cultural diversity to enhance the services provided to our members.

POPULATION ASSESSMENT

Aetna Better Health of Texas began the development of our HEP by conducting a community assessment of the characteristics and demographics of the members we serve with regards to cultural and linguistic competency. This assessment as well as other mechanisms will help to identify the health inequities within our community by soliciting feedback from the employees, members, providers and other stakeholders. We realize that a critical element to providing quality service involves developing and maintaining culturally appropriate services that address the population characteristics, demographic composition, and any identified gaps in the membership we serve.

NONMEDICAL DRIVERS OF HEALTHCARE (SOCIAL DETERMINANTS OF HEALTH) CLAS PROGRAM OVERVIEW

To best serve our diverse members, providers, and their communities in Texas, Aetna Better Health of Texas uses the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as the framework for developing and implementing the policies, procedures, and practices that govern our delivery of care and services. We strive to meet all 15 standards and have developed a Health Equity Plan (HEP) that includes adherence to each of the fourteen standards in support of the first, the "Principle Standard." By doing this, and thereby achieving cultural competency, we will



advance health equity and reduce health disparities. These 15 standards are organized by themes and are referenced throughout this HEP:

- Principle Standard (**Standard 1**)
- Governance, Leadership, and Workforce (**Standards 2-4**)
- Communication and Language Assistance (**Standards 5-8**)
- Engagement, Continuous Improvement and Accountability (**Standards 9-15**)

The standards are intended to be inclusive of all cultures and not limited to any particular population group or sets of groups; however, they are especially designed to address the needs of racial, ethnic, vulnerable and traditionally underserved population groups that may experience unequal access to health services.

This HEP will ensure that Aetna Better Health of Texas programs, policies and processes comply with state and federal requirements and align with the national standards for Culturally and Linguistically Appropriate Services (CLAS) under the direction of and in collaboration with our Aetna Medicaid national offices. CLAS standards guide the delivery of services across all departments to ensure that all member interactions are managed with respect for cultural and language preferences.

Aetna Better Health of Texas has implemented procedures to assist employees and providers to develop awareness and appreciation of cultural customs, values, and beliefs, and to provide educational information and references to facilitate their incorporation into the assessment of, treatment of and interaction with our members. We also encourage our employees to share and utilize their own cultural diversity to enhance the services provided to our members.

Health Equity Plan (HEP) & Planning Process

Under the direction of the Health Equity Lead, we will facilitate the Health Equity Plan (HEP) planning process to ensure engagement of all department leaders, alignment with CLAS standards and to ensure compliance with this Cultural and Linguistic Services Plan (CLASP).

The Health Equity Lead, under the direction of the Chief Medical Officer (CMO), senior leadership and executive management from each Aetna Better Health functional areas, in collaboration with the Aetna Medicaid Learning & Performance department, are responsible for the development, implementation, monitoring and annual revisions of the cultural competency program and Health Equity Plan. Each Aetna Better Health employee is responsible to comply with the CLASP and HEP requirements including cultural competency training compliance requirements. (**CLAS Standard 2**)

It is a national Aetna Medicaid policy to implement and maintain a comprehensive Cultural and Linguistic Services Program (CLASP), including a comprehensive Cultural Competency planning process, Cultural Competency training, and a full complement of cultural and linguistic services intended to provide understanding of and improved access to readily



accessible, high quality health care services in a culturally competent manner to Aetna Better Health of Texas's diverse membership. For additional detail of the CLASP, please see the Cultural and Linguistic Services Program section below.

CLAS Program

Our **Cultural and Linguistically Appropriate Services Program (CLASP)** focuses on effective and equitable care and services by respecting and honoring each member's cultural health beliefs, practices, preferred language, and socioeconomic background. We believe that cultural competency is part of the fabric of our organization and should infuse every aspect of member interaction and local, community-based care delivery.

It is Aetna Better Health Inc., d/b/a Aetna Better Health's®, policy to implement and maintain a comprehensive Cultural and Linguistically Appropriate Services Program (CLASP), including a comprehensive Health Equity Planning process, cultural competency training, and a full complement of cultural and linguistic appropriate services intended to provide understanding of and improved access to readily accessible, high quality health care services in a culturally competent manner to Aetna Better Health of Texas's diverse membership. (CLAS Standard 1) The program includes cultural competency compliance, oversight of linguistic and translation services and the promotion of cultural knowledge, understanding and sensitivity and health literacy education practices and practical application throughout Aetna Better Health of Texas employees, provider network, community partners and membership in adherence to state and federal requirements.

The objective of this program is to:

- Ensure that appropriate cultural and linguistic services are provided to members.
- Drive a continuum of continuously increasing cultural learning, understanding and sensitivity embedded throughout all roles and responsibilities at the Health Plan.
- Ensure that Aetna Better Health of Texas programs, policies and processes comply with state and federal requirements and align with the national standards for Culturally and Linguistically Appropriate Services (CLAS).
- Facilitate the Plan's Health Equity Plan (HEP) planning process to ensure engagement of all department leaders, alignment with CLAS standards and compliance with Health Equity Plan (HEP) commitments throughout implementation of the plan.
- Ensure that Aetna Better Health of Texas personnel comply with the mandatory requirement for new hire and ongoing HEP training to ensure contractual compliance.
- Ensure compliance with NCQA Health Equity Accreditation standards across all departments.
- Improve the Plan's capabilities to meet federal and state Limited English Proficiency (LEP) and the Americans with Disabilities Act (ADA) requirements.

Cultural & Linguistic Suite of Learning Opportunities

An integral part of the Aetna Medicaid cultural competency strategy is continuous education for staff. We believe that to effectively serve our members, employees must receive appropriate training, both initial and ongoing.

Cultural competency training is available through a variety of learning formats:

- Technology Based Learning in the Aetna Learning Center
- Instructor Led training sessions
- Virtual training sessions
- Small group activities
- Self-study alternatives, optimizing participation in Continuing Professional as well as Personal Development

Training offered by Aetna Better Health of Texas is designed to meet the following goals:

- To promote a consistent integrated care approach philosophy across the physical and behavioral health system
- To develop a qualified, knowledgeable, sensitive, and culturally competent workforce by providing personnel with ongoing training opportunities/requirements to learn about cultural sensitivity and culturally & linguistically appropriate services
- To provide timely information regarding new initiatives and best practices that affect the delivery of integrated care services
- To improve learning module content by having subject matter experts involved in all aspects of the learning process
- To consistently track and measure the fidelity and outcomes of all training delivered by the organization

Health Equity Trainings emphasize:

- Personal and organizational values impact healthcare delivery
- Communication and empathy create connections
- Knowledge and skill integration improve outcomes

All Aetna Better Health of Texas employees must complete the following required cultural competency & health equity courses as a part of the onboarding process and/or continuing education:

- Striving for Health Equity (WBT374158918) - 1.5 hrs.
- Striving for Health Equity 101 (551003) – 20 min
- Cultural Competency (48800105) – 1 hr.

Additional available ongoing cultural competency training for Aetna Better Health of Texas includes the following options:

- State specific cultural competency training
- Population specific cultural competency training
- Disability training
- Health care disparities training

- Trauma-informed care and trauma informed practices (support training) (Case Managers)

Training Program Compliance:

Each Aetna Better Health of Texas departmental or functional area director or supervisor shall be responsible for ensuring that his/her direct reports have completed new hire and ongoing training requirements by collecting and maintaining training records. The Learning and Performance department will provide reports in the Learning Management System, as requested, to identify which participants have taken required training courses.

Training Program Evaluation:

Aetna Better Health of Texas will identify the learning needs of the community by soliciting feedback from the employees, members, providers, and other stakeholders. Mechanisms for identifying learning needs may include, but are not limited to:

- Results of training surveys issued at the end of training
- Results of Assessments performed 45-90 days after initial implementation of a training
- State Department of Medicaid Services Initiatives
- Annual Training Surveys
- Active participation in internal and external meetings, as required by leadership
- Diversity, Equity, and Inclusion Council
- Member Advisory Council
- Health Equity Accountable Leadership Council participation

NATIONAL AND MARKET ALIGNMENT

Under the strategic direction of Aetna Medicaid National Chief Executive Officer, the Health Equity and Cultural & Linguistically Appropriate Services Program provides a comprehensive approach to ensuring culturally competent, equitable services. The Executive Director of Social Impact and the Aetna Medicaid Director of Health Equity Strategy and Innovation oversee health equity and disparity reduction program administration for all Aetna Better Health Medicaid health plans by aligning with the local health plan Health Equity leads to ensure programmatic support and oversight.

The Aetna Better Health of Texas Health Equity (HE) Lead, in collaboration with the health plan Medical Director, is responsible to initiating the development of the Health Equity Plan (HEP) and leading the cross- functional [HEP Workgroup/CLAS Committee]. The committee is comprised of department leads and health plan stakeholders that collaborate to develop a dynamic plan that engages and holds accountable leads from each functional area.

The Health Equity Lead is responsible for annual submission and leading the review of the Health Equity Plan (HEP). The HEP is subject to ongoing review by internal and external resources, and an annual formal review session led by members of the Quality Management Oversight Committee and Member Advisory Council (MAC), including the

HE Lead. The plan is submitted to the Director of Health Equity annually for review, to the HEAL Council for peer review, and to the Texas Department of Medicaid Services upon request.

The HE Lead will have a matrix relationship with the Medicaid Director of Health Equity Strategy and Innovation. To maintain accountability for specific Cultural Competency and HEP elements we will engage our HEAL Council to serve as a resource across Aetna Better Health of Texas's organization.

Our goal with respect to our relationship with our community collaborators is to be both transparent and accountable. With their active participation in shaping the way we operate on a day-to-day basis, we will be able to serve our members with the honor and respect each one deserves.

DEPARTMENT SPECIFIC RESPONSIBILITIES

Aetna Better Health of Texas is committed to providing competent health care that is culturally and linguistically sensitive to members and their needs. We believe that cultural competency is part of the fabric of our organization and should infuse every aspect of member interaction and local, community-based care delivery.

Accordingly, cultural competency is integrated in our internal organization in the following ways:

Community Outreach

The community outreach team creates and manages partnerships with key community organizations and actively relays information about the community and membership to all functional areas of ABHTX to improve quality of care and delivery of services to increase/sustain enrollment as well as meeting the needs of the community. The goal is to promote a mutual exchange of information, ideas and resources between community members and the health plan.

Our Community Outreach department is responsible for the following cultural competency requirements:

- Distributes informative material to the community that is culturally competent in a variety of formats to meet the needs of our members.
- Informs members of alternative formats during community engagement activities and ensuring that those materials are available as appropriate.
- Participates in and/or facilitates the Member Advisory Committee (MAC) at a minimum of quarterly and acts upon their feedback.
- Transmits community feedback from various resources (needs/issues/wants) to the Health Plan
- Works with a cross-functional group of stakeholders to ensure members have access to and are aware of culturally and linguistically appropriate

- services and supports, including disability-related services
- Utilizes feedback and interactions with communities to enhance cultural engagement, health equity, and training
 - Cultivating community partnerships to connect our members with resources within their community, some examples of community partnerships include but are not limited to the following:
 - Public schools
 - Community leaders
 - Faith-based groups and organizations
 - Community based organizations
 - Advocacy groups
 - Public housing facilities, etc.
 - Governmental agencies

Compliance

Our compliance department intends to prevent, detect, and correct illegal, improper, or unethical conduct impacting our health plans. The Aetna Better Health of Texas compliance staff works in close cooperation with Aetna's compliance organization and legal counsel, as well as corresponding state regulatory entities. Team members review business activities and identify risks and legal requirements applicable to our health plan, as set forth by the two federal agencies governing compliance programs: The Centers for Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG), as well as the Texas Department for Medicaid Services (DMS). Promoting the values of compliance, ethics, and integrity as the responsibility of every employee, the team helps employees work through compliance challenges and determine how to consistently "do the right thing."

In addition to meeting all contractual obligations, our compliance department also complies with the following Federal, State, and internal policies:

Federal Regulations

- Title II and III of the American with Disabilities Act
- Section 504 of Rehabilitation Act of 1973
- Section 508 of Rehabilitation Act of 1973, as amended 29 U.S.C § 794(d)
- 42 CFR 438.206 – Availability of Services
- Title VI of the Civil Rights Act of 1964
- Section 1557 Nondiscriminatory Provision of the Patient Protection and Affordable Care Act
- Federal and State Limited English Proficiency (LEP) Guidelines
- National Standards for Culturally and Linguistically Appropriate Services (CLAS)
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Compliance

State & Local Requirements⁷

- Contractual obligation: Aetna Better Health, Inc. Texas Medicaid Managed Care Organization State Contract Cultural competency at all levels of the Contractor's organization and with Network Providers, including promoting awareness of implicit biases and how they impact policy and processes.
- Incorporate in policies, administration and service practice the values of the following: recognizing enrollee beliefs; addressing cultural differences in a competent manner; fostering in staff and Providers attitudes and interpersonal communication styles which respect Enrollee's cultural background
- Communicate cultural competency policies to subcontractors and include requirements in Subcontracts
- Include staff/provider ongoing training requirements related to cultural competency development, cultural sensitivity and unconscious bias - ensuring the Plan and its provider network provide culturally and linguistically appropriate services to enrollees

Organizational Requirements

- Obtain ongoing input from members who are at risk for disparate outcomes and engage in Plan services to incorporate the perspective of the member; these perspectives are incorporated into the tailoring of intervention strategies.
- Ensure each functional area with outward facing communications tests potential publications with members for understanding and conveyance of the intended message, as well as cultural appropriateness.
- Partnering with community-based organizations to address SDOH-related needs, tracking active referral to and follow-up.
- Use feedback from members and their family members to identify and execute program improvements.
- Enhance community wide population health with key stakeholders.
- Engage providers, members, and families, contracting with community-based organizations to coordinate population health improvement strategies to increase health equity.
- Engaging community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic, and racial disparities in health care that exist among member populations.
- Partnerships to understand disparities, inform improvement initiatives, and provide comprehensive, holistic and community driven support – provider member, and community support feedback – using community engagement

⁷ Texas Medicaid Managed Care Contract4

framework and continuum.

- Ensure that efforts addressed at improving health equity, reducing disparities, and improving cultural competence are designed collaboratively and that lessons learned are incorporated into future decision-making.
- Medicaid consumers and trusted messengers, including community health workers, patient advocates, and/or community-based organizations, to improve access to quality care and reduce health disparities among Aetna Better Health of Texas enrollees.

Internal Policies

- AMA 1100.00 Health Equity Policy
- AMA 1100.04 Health Equity Provider Policy
- Cultural Competency (4500.90)
- Language Services (Policy 4500)
- Interpreter Services (Policy 4500.25)
- Member Advisory Committee (MAC) (policy 4200.02)
- Provider Responsibilities (Policy 6300.10)
- Member Services Staff Training (Policy 4500.48)
- Americans with Disabilities Act (ADA) Compliance for Providers (Policy 6100.44)
- Community Health Worker (Policy 7000.78)

Human Resources



To serve our members equitably and effectively, we strive for a diverse workforce, including our leadership teams.

ABHTX incorporates cultural priorities throughout the staff recruitment, training, and retention continuum. Job postings and descriptions include cultural values and competencies. Recruiters and hiring managers are trained to identify and seek cultural competencies and cultural understanding and education is infused through all employee foundational, core and role specific training.

Employee development and retention is supported throughout the life of the employee's role and is the collaborative responsibility of organization leadership, management, and the employee. Retention is supported by engagement in meaningful work, consistent feedback, and ongoing development opportunities. As a core value, multi-cultural learning opportunities, recognition for appropriate cultural engagement, and innovation that meets our members' unique cultural needs are an ongoing part of the employee experience.

We invest in cultural competency throughout each employee's cultural competency journey. Cultural values and priorities are a standard part of job descriptions, job postings, recruitment, and the hiring process. Cultural behaviors are part of performance goals and assessed during mid-year and year-end employee performance reviews. We use a variety of internal, State, and Federal data sources and reporting tools to understand the changing demographics of member populations. We analyze year-over-year trends to identify and anticipate changes and adjust both our staff and network provider recruitment and training programs to serve our members best.

Because we have a diverse workforce and leadership team to serve our members equitably and effectively, our parent organization has been recognized nationally as an employer of choice for our commitment to building a culturally diverse workforce. DiversityInc placed Aetna on the DiversityInc Top 50 Companies for Diversity list every year from 2009 through 2016. We have made the list in previous years as well. The Human Rights Campaign named Aetna as one of the "Best Places to Work for lesbian, gay, bisexual and transgender (LGBT) employees" each year since this list was created in 2002.

Diversity is embedded in our culture. It is important in all aspects of our business—for our workforce, customers, suppliers, and networks of health care professionals; in our products and services; and through our contributions to the communities, we serve. It is part of our way of doing business.

By leveraging all dimensions of diversity, raising awareness about the power of diversity, and demonstrating inclusive leadership, we are better positioned to understand and



meet the unique needs of the people we serve across the health care system and empower them to live healthier lives.

By being inclusive, we draw out different points of view that result in stronger solutions— and true innovation. With this understanding, and with the national support of Aetna, we have developed and implemented enterprise-wide Diversity & Inclusion programs and initiatives.

Both diversity and inclusion are organizational priorities that drive business results. We achieve these results through the implementation of an integrated, comprehensive strategy which includes the following responsibilities of our Human Resources department:

- Hiring bi/multi-lingual staff members to have staff representation similar to that of our membership
- Reviewing employee satisfaction and utilization data to identify areas of improvement related to diversity, training, education and language services and design appropriate interventions
- Utilizing local recruiting and hiring practices to ensure staff is representative of the diverse demographic characteristics of the service area, as well as the members served
- Demonstrating recruiting efforts to employ, train and promote individuals with disabilities and covered veterans which is managed through affirmative action efforts

Aetna/CVS has implemented processes to ensure that our Employees are appropriately representative of the diverse cultural and language groups that exist within its membership.

Recruitment

Aetna’s recruitment and diversity outreach efforts encompass a variety of resources such as recruitment-related relationships, organizational sponsorships, the use of social media, online career fairs, partnerships with professional organizations, contracting with online vendors, internships, as well as taking part in community activities.

Strategic Diversity and Inclusion Roadmap

Our goal is to deliver the highest quality of care to every member, regardless of race, ethnicity, language and cultural backgrounds. To achieve this goal, a multi-faceted diversity strategy has been adopted that includes:

- Leveraging the diversity of our employees and the strength of the Aetna Better Health brand to increase the number of business opportunities and partnerships with key external markets, communities, and suppliers.
- Focusing specifically on recruitment, retention, and development of diverse talent.
- Creating a work environment that enables people to do their best work.
- Providing diversity education; and



- Providing a healthcare delivery system that is compatible with the cultural framework and community environment of members and their families.

The organization's Talent Acquisition Team notes four strategic priorities in improving our ability to attract and retain colleagues that reflect the communities we serve, with special focus on executive leadership:

- **Analyze** Talent Acquisition (TA) data to highlight successes, areas of opportunities, measure effectiveness
- **Attract** persons of color, military community, individuals with disabilities, women, and individuals with diversity of thought and experiences.
- **Consult:** Serve as business consultants, offering expertise into industry recruiting trends and benchmark best practices. Influence and provide recommendations to increase diversity hiring in target areas.
- **Partner:** Collaborate with Talent Acquisition (TA) / University Relations (UR); HR Business Partners (HRBPs); Strategic Diversity Management (SDM) / Workforce Initiatives; Hiring Managers; External Partnerships; Colleague Resource Groups (CRGs); and HR Colleagues.

Training and Education

A key component of providing culturally appropriate care is providing training on this topic to staff, providers, and members.

- Each new employee at Aetna Better Health of Texas will participate in basic Health Equity training as part of new employee orientation. Then, each year, employees are provided annual training on diversity management, cross cultural relations, cultural competency skill development, and harassment issues. The training is provided utilizing a variety of delivery methods, including on-line self-paced modules, instructor-led courses, webinars, guest speakers, lunch & learns, and quarterly compliance videos used to initiate discussions during staff meetings. Course content includes topics such as unconscious bias and mental health barriers experienced among the transgendered population.
- Hiring leaders within the organization also receive training regarding how to attract and retain a diverse network of staff.

Colleague Resource Groups

Our 16 Colleague Resource Groups (CRGs) are voluntary, colleague-led organizations that partner with our Talent Acquisition team to encourage personal and professional development, promote diversity and common purpose, and serve as a resource to the organization. Members of CRGs often share a common affinity such as ethnicity, gender, cultural identity, focus, or constituency. Our enterprise network of CRGs benefit both group members and the company. CRGs encourage members to participate in meetings, events and activities that advance the company purpose, strategy, value and support our communities. Colleagues may join any CRG as a member or an ally. Our CRGs help us to foster an inclusive and collaborative culture, where all Aetna/CVS associates feel welcomed and respected, and where everyone is valued for their unique perspectives and



experiences, as well as the contributions they bring to our business. Through their work and influence, our CRGs offer:

- Professional and personal development
- Different perspectives and innovative ideas
- Opportunities to connect culture to business decisions

The organizations 16 CRGs are noted below:

aNative - Native American, Native Alaskan, Native Hawaiian colleagues	FitClub - Fitness and Wellbeing
APNA - Asian Pacific colleagues	GreenTeam - Environmental Sustainability
BCRG - Black/African American colleagues	Juntos – Latin colleagues
BRAVE - Military Veterans	Mental Well-being
CapAbilities - Individuals with Disabilities	Outliers - Analytics
DRIVEN – Multigenerational colleagues	Pride+ - LGBTQA+ colleagues
Faith - Faith and Spirituality	VIRTUAL - Remote Workers
Family & Caregivers	WISE - Women

Cross-Enterprise Strategic Innovation (CESI) Culture, Diversity, and Inclusion Initiatives

CESI University

Includes learning and development opportunities and resources for internal staff and external network providers.

- Lunch & Learn Sessions (real time and on-demand)
- Cultural & Linguistic Competency Training for Clinicians
- Health Equity Continuing Education Series (available to clinical staff and network providers)
- Spanish Language Course Program for pharmacists and nurses

Joining Forces: Diversity & Inclusion Resources

- Communicating regular D&I updates
- Communicates Diversity Scorecard (2021)
- Skill set development training (ex. Conscious Inclusion training)
- Creates opportunities for colleagues to be seen and heard

Self-Care Resources

Resources to improve life and work balance.

- Well-being toolkits (chronic conditions, caregiver support, financial well-being, mental health support)
- Leader guide to mental health resources (reducing stigma, EAP resources to share, etc.)
- Mindful mid-day sessions (instructor-led sessions geared toward stress reduction and mental well-being)

Marketing

Our marketing organization developed brand standards that include guidelines to support clear communication, culture awareness/tone and member demographic information.

ABHTX is required to use Aetna brand standards on all marketing material. All member presentations and materials will be written in what we call “plain speak”. This means all content will be written in a clear, purposeful tone. Since our members’ needs and cultural preferences are diverse, we tailor our words and tone of our messaging to meet their needs.

These efforts were recognized by the Center for Plain Language, which gave Aetna the top honor for our “Plain Language Award” for two years in a row (2010 and 2011). Our brand is more than just our logo or our tagline; brand is the sum of everything our customers experience with us. It is about how we think, act, and communicate. Below are some examples of how our Marketing department provides materials that achieve a level of cultural competence:

- Avoiding the use of jargon or technical language when possible
- Writing all member presentations and materials using plain language, legible typography, simple layouts, and appropriate white space.
- Organizing written materials in a logical manner, using short sentences, paragraphs and/or infographics when appropriate
- Writing materials at or below 6.0 grade reading level¹³⁻⁶
- Submitting member materials for legal, compliance, as well as relevant government services review prior to dissemination to certify that contractual obligations, federal and state guidelines are met
- Submitting member materials for review by a member advisory committee for cultural and linguistic appropriateness
- Informing all members of our language assistance services and alternative clearly and in their preferred language, verbally and in writing. Materials are available in the following formats:
 - Braille, for our visually impaired members
 - Large print, for our visually impaired members
 - Languages that are prevalent in the community
- Ensuring translation of all materials when a language in compliance with Section 1557 of the ACA as well as threshold populations is not captured in the Limited English Proficiency (LEP) requirements.
- Ensuring member materials are written in a culturally appropriate manner to

⁸ 2020 Medicaid Managed Care Organization Statement of Work, section 12.9.1

meet the local language dialect

- Collaborating with the Member Services department to ensure materials and website are compliant with Section 1557 of the Patient Protection and Affordable Care Act
- Providing content on our website that is easily adjustable to make reading easier for those with visual impairments, and is also compatible with voice recognition software in compliance with Section 508 of the Rehabilitation Act of 1973
- Identifying and including language preferences early in the member engagement process to ensure ABHTX supplies information to members in the language of their preference
- Understanding the population segments' wants and needs from a cultural and individual level in collaboration with 3rd party marketing and advertising vendors (as appropriate) to ensure appropriate communications and increase market penetration
- Consistently reviewing and modifying website content to ensure that it reflects updated lists of resources (e.g. community based, governmental agencies and supportive services) and materials to support Cultural Competency initiatives and strategies
- Using photographs and colors that are culturally appropriate and would resonate with our membership
- Monitoring language reports and ensuring materials are translated in languages based on local and federal requirements (thresholds)
- Developing and managing communication plans to ensure organization understands and manages the language requirements
- Managing policies and procedures (desktops) to ensure that all communication and language requirements are met and reviewing desktops with departments on an annual basis
- Posting the Health Equity Plan on the health plan website – once appropriately filed and approved

Medical Management

Our Health Plan uses innovation and versatility to provide members with appropriate services to improve their health. We adhere to clinical guidelines and strive to reduce the overuse and underuse of medical services. Ongoing training and education for all medical management staff is key to delivering culturally competent and sensitive care.

Medical Management is committed to being culturally and linguistically responsible and will demonstrate this by:

- Ensuring all staff, specifically Care Management staff, use the language

line as appropriate

- Incorporating family and culturally defined objectives as part of care planning and other critical treatment decisions, including religious and spiritual needs of the member, natural support systems, and socioeconomic conditions, except when clinically contraindicated
- Coordinating care across the continuum, including social services and social determinants of health
- Collecting and utilizing demographic and social determinates of health data of our health plan members to identify gaps in care and/or health disparities through standard business practice, as well as, participation in the Quality Committee structure
- Ensuring that both member and provider have access to culturally and linguistically appropriate resources and support
- Developing disease management programs appropriate for the populations we serve
- Profiling providers, including medical services and pharmacy utilization
- Minimizing variations by monitoring appropriateness, quality, effectiveness, and accessibility of care (i.e. utilization management, health outcomes, etc.)

Member Services

Member services is the gatekeeper of most member-level requests. Although some functions may not be the responsibility of member services, such as development of materials, they are the procurers of these materials and services (i.e. member requests of the handbook in their preferred language, transportation services and other requests with attention to culturally appropriate services). Our Member Services team assures that employees are knowledgeable of culturally sensitive services through training and active monitoring.

The member services team will provide guidance and support to instill a service of excellence to ABHTX members through the application of culturally competent services in the following ways:

- Offering language assistance services and resources, such as American Sign Language and/or Teletypewriter (TTY) for the Deaf, hard of hearing, or speech impaired in accordance with Section 1557 of the Affordable Care Act
- Actively monitoring the language line and Teletypewriter (TTY) line use
- Providing assistance to members who request materials in alternative formats and languages
- Participating in and/or facilitating the Member Advisory Committee and

providing timely member feedback to cultural competency steering committee

- Offering language assistance services at no cost at all points of contact during all hours of operation
- Continuously monitoring utilization and quality of language service vendor(s) to identify high volume language needs and adjust for appropriate coverage, when necessary
- Investigating and resolving complaints, grievances and/or appeals from members
- Actively recruiting and hiring bi-lingual staff to assist members who have limited English proficiency. Bi-lingual employees that translate for members must successfully complete an interpretation certification course.

Provider Services

Provider Services acts as a provider advocate and single point of contact for all interaction requests to best serve our members. We empower well-trained employees to deliver accurate, timely and culturally competent resolutions through the following channels:

- Maintaining the Provider Operations Manual including the Health Equity section
- Educating staff and providers on proper use of the online Provider Directory and appropriate referral of members to specialists that accommodate specific language needs or other services
- Monitoring of providers via provider satisfaction and CAHPS surveys to ensure culturally competent services are being provided and placing providers on a corrective action plan and/or additional training for their actions related to complaints, grievances, audits, and other reports indicating potential problems
- Utilizing community and member information (e.g. preferred language, health disparities, and population demographics) to recruit and build a network of diverse providers in an effort to assist with closing the gaps in healthcare disparities and also to reflect the community and their needs
- Facilitating information sharing about the community in which they serve by sharing member/ community information such as health risk factors related to disparities and member demographic information
- Educating providers through the publications of newsletters and the provider manual on the availability of the language line service for health plan members
- Conducting provider on-site visits to determine if:
 - they have resources to effectively communicate with the members
 - the facility is compliant with Federal and State regulations (i.e. ADA compliant)
 - barriers exist that prohibit or inhibit a member's access

including environmental factors (i.e. neighborhood, cleanliness of office)

- Ensuring Cultural Competency Training is delivered during provider orientation to assist providers in meeting our expectations regarding cultural and linguistic competency
- The Health Plan will maintain a number of provider recruitment-related relationships and associations in order to directly add to the diversity of our potential provider pools

Social Impact

The Social Impact Team is dedicated to developing and delivering a comprehensive suite of solutions to support our SDoH (Non-Medical Drivers of Health) and Health Equity Products. Serving as subject matter experts (SMEs) for project management needs, we engage both internally and externally to strategically position the team. Our focus extends to deploying tools that enhance operational efficiency, ensuring data accuracy, simplifying processes for improved performance, and meticulously evaluating solutions and vendor partnerships.

The Growth and Innovation Team takes the lead to diligently monitor and analyze SDoH (Non-Medical Drivers of Health) trends and contract requirements, allowing us to formulate responsive and visionary strategies. Our commitment extends to enhancing SDoH-related data resources and supporting cross-departmental process changes for seamless data integration. Additionally, we actively contribute to the development and refinement of team processes at all stages of Requests for Proposals (RFP) submissions.

The Community Cares Team is centered in collaboration with community and faith-based organizations and internal departments to address Social Determinants of Health (SDoH) needs among community members. The Social Impact Solutions Product seeks to positively impact member health outcomes through providing simplified structures and services related to social determinants of health and health equity. The Community Cares Team is in a unique position to represent Aetna and convey the genuine desire to support communities. The Community Cares Team takes grassroots, boots on the ground approach, ensuring that health plans have local teams who are consistently in the community investing their time to build strong relationships with people, organizations, and systems which impact health. Teams seek to collaboratively identify innovative ways to support the social safety net through strategic outcomes-based investment.

Quality

A key focus of our Quality Assessment Performance Improvement (QAPI) Program is to improve the member's biological, psychological, and social well-being with an emphasis on quality of care and the non-clinical aspects of all services, including cultural and linguistic competency. ABHTX's QAPI Program is designed to continuously monitor and evaluate service delivery to improve medical care, member safety, and behavioral health services.

This monitoring includes the following:

- Implement/adjust interventions to address Healthcare Effectiveness Data and Information Set (HEDIS) measures
- Analyze member demographic, health equity, and claims data to identify subpopulations that would benefit from Population Health Management (PHM) Programs; plan, implement, and monitor effectiveness of PHM Programs
- Ongoing assessment of program standards to determine the quality, accessibility, and appropriateness of care, case management and coordination of services
- Monitoring Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care standards via annual assessment
- Analyzing member satisfaction surveys including CAHPS from a cultural perspective; identifying gaps and opportunities for improvements, and creating subsequent action plans
- Investigating complaints/grievances related to culturally competent care, access to care, and/or the quality of services delivered by providers pertaining to attitude and/or discrimination and addressing as appropriate
- Investigating Potential Quality of Care Concerns from various sources and addressing as appropriate
- Subcontractor oversight pertaining to culturally competent services and/or grievances related to subcontractors' provision of services
- Quarterly review of the Health Equity Plan, with revisions as needed, in committee ensures that the plan is current with regard to State, Federal and contractual requirements and continues to guide culturally competency policies, programs and processes across all departments of ABHTX
- Member language thresholds in accordance with state requirements are reviewed annually to ensure that all member materials are in compliance with translation requirements and that interpreter services are available to meet threshold language needs.

PROGRAM EVALUATION

The Health Equity Plan (HEP) is an evolving document and must be responsive and fluid to meet the changing needs of our member populations. To ensure effectiveness and responsive adaptation, the HEP is utilized and evaluated regularly, in conjunction with this CLASP.

Aetna Better Health of Texas conducts an annual evaluation to assess the overall effectiveness of the Health Equity and CLAS Program. The evaluation reviews aspects of the program, emphasizing completed and ongoing activities outlined in the Health Equity workplan, including outcomes of targeted initiatives.

The Health Equity Program Evaluation is a comprehensive annual summary of

completed and ongoing improvement activities performed under the scope of the Health Equity Program. Where available, performance is included in comparison to goals and objectives; and includes barriers that may have affected the achievement of those goals and objectives, as well as significant events that have taken place during the year. This report will review Health Plan improvement initiatives in 2023 related to cultural and linguistically appropriate services. The contents of this report will be reviewed by the Quality Management Oversight Committee (QMOC). Findings included in this document will serve as the framework for developing the Health Equity Work Plan for 2024.

Our evaluation approach and plan includes:

- The Health Plan Health Equity Lead, leads the Population Health Committee (CLAS/Health Equity) in quarterly review of the HEP to ensure that each business area is held accountable for cultural engagement processes and activities and identify evolving opportunities for improvement
- The Health Plan Health Equity Lead completes a summary report and submits to Texas leadership for review
- Regular assessment of provider and subcontractor network – We routinely assess our provider/subcontractor panels for compliance with language assistance requirements. We employ corrective actions as needed to achieve and maintain compliance with CLAS and internal standards
- Member engagement and feedback – The most important component of our approach is using routine member communications to assess the effectiveness of our Health Equity Plan. We solicit member feedback on our cultural competency and interpretation and translation services through member, advocacy council meetings, surveys, review of member contacts to Member Services, and community outreach events and activities to strengthen our understanding of members’ culture and language preferences and to meet those needs and preferences through health plan staff; network and community provider and subcontractor services; and actions and behaviors
- Reports by Member Service call code types are used to measure calls related to cultural and linguistic services translation and interpretation to ensure quality and accuracy
- Analysis of Population Assessment (geography, gender, ethnicity/race, age, language, socio-economic status)
- Reporting on special needs population (i.e., vision impairment)
- Membership growth (year over year)
- Opportunities for Improvement

2024 Needs Identification/Identification of Goals

The following needs were identified through evaluation of the Plan’s current membership:

- Getting to know and understand the population we serve through engagement via:
 - Community Engagement

- Member Advisory Council
- HealthCrowd Text Campaigns
- Provider Advisory Board
- Member Satisfaction Survey
- Provider Satisfaction Survey
- Cultural and Linguistically Appropriate Services Committee
- Health Fairs
- Focused Collaborations
- Community Coalitions
- Partnerships with Community Based Organizations
- Focus on Prevention and Wellness
- Identify disparities in gaps in care, delivery of services, etc. (vulnerable sub- populations with complex needs)
- HEDIS stratification by RELD and Geography (rural/urban) – subsets of PHM programs for disparities in order to improve equity
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) stratification by RELD and Geography (rural/urban)
- Identify Top PH diagnoses impacting population for region/race
- Identify Top BH diagnoses impacting population for region/race
- Social Determinants of Health (SDoH) –SDoH (Non-Medical Drivers of Health) data monitoring/ identification of SDOH (NON-MEDICAL DRIVERS OF HEALTH) and implementing initiatives/interventions

Priorities impacted by SDoH:

- Maternal mortality and morbidity
- Substance use disorders such as opioid use disorder
- Mental health conditions such as depression and anxiety
- Diabetes mellitus
- Asthma
- Coronary Artery Disease
- **EPSDT:** Early childhood health and development, including Adverse Childhood Experiences (ACEs)
- Sickle Cell Anemia
- Children and Youth with Special Healthcare Needs
- Engaging diverse families when designing services and interventions that integrate care and address childhood adversity and trauma approach to engage parents and adolescents in decreasing disparities
- Obtain ongoing input from Enrollees who have disparate outcomes to incorporate the perspective of the Enrollee; perspectives of Enrollees with disparate outcomes are incorporated into the tailoring of intervention strategies
- Ensure each functional area with outward facing communications tests potential publications with Enrollees for understanding and conveyance of the intended message, as well as cultural appropriateness

Goals

The following are the overall goals of the Health Equity plan:

1. Reduce racial/ethnic inequities in the quality of health care received
2. Improve access to timely health care and preventive health services
3. Overcome health systems barriers that can limit the ability of different populations to receive the desired care or benefits from available services
4. Eliminate interpersonal and institutional biases that may prevent some populations from obtaining effective care/services
5. Increase workforce diversity in public health and health care professions
6. Address social determinants of health that create barriers to member wellbeing

To measure effectiveness of the 2024 CLASP, the health plan's Health Equity Lead has established effectiveness metrics to be measured and monitored throughout the measurement year. The Health Equity Plan includes effectiveness metrics for HE activities. The table below shows metrics and goals for prioritized CLAS-focused and NCQA Health Equity Accreditation-focused activities from the HEP.

Monitoring of interventions/action items implemented to improve CLAS and health equity for our members and reduce health care disparities will be monitored throughout the year, reported to the Quality Management Oversight Committee each quarter, with a full annual evaluation the following year⁹.

Conclusion

Aetna Better Health of Texas recognizes that achieving health equity is an ongoing process and must engage learners in continuous educational and experiential learning opportunities in order to keep pace with the rapidly evolving cultural landscape of our global nation.

⁹ 2022 NCQA Health Equity Standards and Guidelines: HE 5A

Appendix A

National CLAS Standards¹⁰

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
 - ABHTX maintains a Health Equity & Cultural Competency Plan that demonstrates its commitment to providing Culturally and Linguistically Appropriate Services (CLAS). The Cultural Competency Plan is available to all employees and shared with the organization's Compliance and Quality Committees. The plan is also available to our provider community on website.
 - Through the implementation of and adherence to our Cultural Competency Plan, ABHTX creates a welcoming environment that fosters appreciation for employee diversity and demonstrates respect for the culturally and linguistically diverse populations we serve.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
 - ABHTX's commitment to culturally competent care is reflected in the organization's mission of creating a healthier future for children and women throughout our global community.
 - ABHTX governance structure includes a Population Health Equity Cultural Competency Committee, that reports up to the Quality Committee, whereby the Cultural Competency Plan and associated activities, including policies and procedures, are reviewed at least annually.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
 - ABHTX recruits, retains, and promotes at all levels of the organization a diverse leadership that reflects the demographic characteristics of the population in its service areas.
 - ABHTX evaluates language and communication proficiency of staff to determine fluency and appropriateness for serving as interpreters.
 - ABHTX provides multiple monthly opportunities for employees to volunteer in the community and to learn about community members and other cultures and work with community-based organizations to create such interactions

¹⁰ U.S. Department of Health & Human Services. National CLAS Standards.
<https://thinkculturalhealth.hhs.gov/clas/standards>

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
 - ABHTX employees are introduced to the Cultural Competency Plan and Annual Training in New Employee Orientation.
 - ABHTX employees are required to complete the online Cultural Competency training module each year.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
 - ABHTX offers language assistance at no cost to individuals who have limited English proficiency. Interpretation is provided in multiple languages and the services can be provided over the phone or in person, if needed.
 - Employees are trained on the use of language assistance services, including the use of 2-1-1 for communication with individuals who may be hearing impaired.
 - All member materials are written at a 6th grade reading level.
 - All member materials are available in Spanish.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
 - Members receive written communication through multiple channels about the language services available to them.
 - All member materials are written at a 6th grade reading level and include information about how to request materials in different languages.
 - Members are able to access Spanish via the interactive voice response (IVR) system when calling into ABHTX.
 - Call Center Representatives inform and assist Members with limited English proficiency to obtain language assistance in their preferred language at no cost.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
 - ABHTX to evaluates language and communication proficiency of staff to determine fluency and appropriateness for serving as interpreters.
 - Employees are trained on the use of language assistance services, including the use of 2-1-1 for communication with individuals who may be hearing

impaired.

- ABHTX offers language assistance for numerous languages at no cost to individuals who have limited English proficiency.
- Language assistance is also available at no cost to providers in the network delivering care and services to ABHTX Members

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

- ABHTX contracts with a national vendor that provides multi-language interpretation for print material and health information pieces.
- ABHTX has a process for translating material into languages other than English and for evaluating the quality of these translations. Responsibility for adherence to this process is held by Marketing Materials
- All member materials are written at a 6th grade reading level and include information about how to request materials in different languages.
- All member materials are available in Spanish.
- ABHTX website is also available in Spanish.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

- ABHTX maintains a Cultural Competency Policy and Procedure that is available to all employees.
- ABHTX governance structure includes a Cultural Competency Committee, that reports up to Quality Committee, whereby the Cultural Competency Plan and associated activities, including policies and procedures, are reviewed at least annually.
- ABHTX employees are introduced to the Cultural Competency Plan and Annual Training at New Employee Orientation.
- All ABHTX employees are required to complete the online Cultural Competency training module each year.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

- ABHTX CLAS-related activities are outlined in the Cultural Competency Plan. ABHTX's governance structure includes a Population Health Equity Cultural Competency Committee, that reports up to ABHTX's Quality Committee, whereby the Cultural Competency Plan and associated activities, including

policies and procedures, are reviewed at least annually.

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
 - ABHTX links demographic data with other types of data, e.g., quality of care data or considers demographic data in the development of specific health related programs to promote health equity and deliver outcomes that further inform service delivery to its members.


12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
 - ABHTX has in place a Member Advisory Group in each service area that represents the cultural and linguistic diversity of populations in the service areas.
 - ABHTX has a CARES Program that is used to gather feedback on the needs of the community.
 - ABHTX seeks input/feedback from members and families in the community to help plan and implement services that respond to the cultural and linguistic diversity of populations in the service areas.
 - ABHTX collaborates with other organizations and stakeholders in data collection, analysis, and reporting efforts to create the opportunity to better understand the cultural and linguistic diversity of populations in its service areas.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
 - ABHTX employs trained Community Health Workers (CHWs) who are trusted members of the community served. The CHWs provide input/feedback to ABHTX leaders as appropriate to ensure cultural and linguistic characteristics of the community are represented.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
 - Members are informed through multiple channels about their rights to provide feedback, including the right to file a complaint or grievance.

- ABHTX has a clear process to address instances of conflict and grievance that includes follow-up and ensures that the individuals are contacted with a resolution.
 - ABHTX employs Member Advocates and Provider Complaint Resolution Specialists who are available to guide and support Members and Providers through the conflict resolution and/or grievance processes and for additional information on how to file a member or provider complaint or grievance please contact our Member Services and Provider Services Hotline
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.
- ABHTX utilizes various communication channels e.g., Member newsletter, Provider newsletter, website to share the organization's commitment and progress in implementing and sustaining CLAS.

Signature Page



Quality Management Director

03/21/2024

Date



Chief Medical Officer

03/21/2024

Date

Board of Directors

04/23/2024

Date