

**2022
Health Equity &
Culturally and
Linguistic Appropriate
Services Program
Description**

Aetna Better Health of
Texas



Aetna Better Health of Texas

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INTRODUCTION

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, in order 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 work plan 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 healthy¹."
"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 disparities²." 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.

¹ The Community Guide, Health Equity, <https://www.thecommunityguide.org/topic/health-equity>

² 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

Figure 1. Health Equity vs Equality



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story

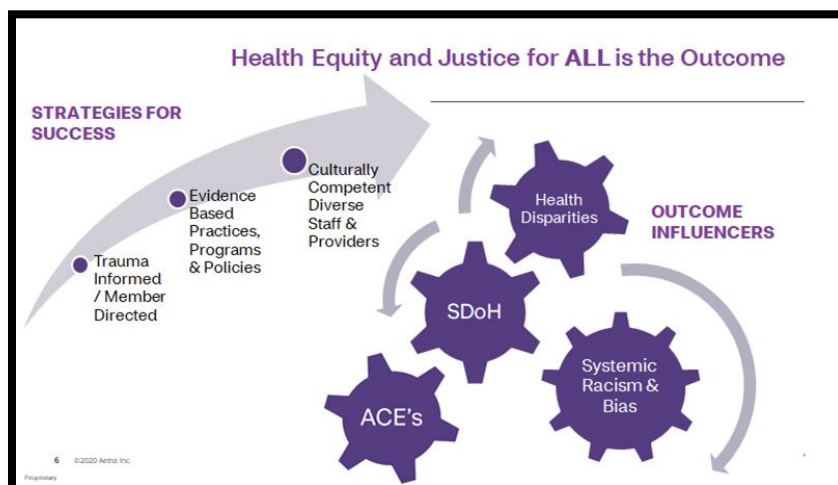


Equality: Everyone receives the same
Equity: Everyone received what they need

Health Equity and Justice

Health Equity is the outcome and understanding of the interconnectedness between the terms shown, and the keys to moving to outcomes.

The Outcome Influencers are shown on the right side of the diagram below. These inequities are created when barriers prevent individuals and communities from accessing good health and reaching their full potential.



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Proprietary

Health Equity Program

Effective 1/1/2022



Aetna Better Health of Texas

Our goal of health equity is achieved through the delivery of culturally sensitive services, communications, and programs through a focus on three pillars:

Increasing cultural competency – We are committed to understanding and honoring every member’s cultural and language preference. Through robust employee and provider education, we guide care management teams to continuously increasing levels of cultural competence. We engage members in ongoing conversation through member advisory groups and in-person web-based health education sessions to ensure that we meet member needs with cultural awareness and respect.

Reducing health disparities – We are dedicated to identifying disparities and working collaboratively to develop actionable solutions. Using member demographics, utilization, and social determinants of health data, we identify gaps in healthcare, implement solutions in select markets and then scale the implementation of the solutions as appropriate.

Improving health literacy – We are committed to supporting our members to feel confident and knowledgeable when interacting with health care providers and health systems. We partner with community organizations to seek literacy learning opportunities for our members. For members with limited English proficiency or limited vision, we provide appropriate interpretation services to reduce health care education gaps when applicable. We inform members of their rights to language assistance, train our staff and providers to identify and respond to needs for language assistance, and conduct our own assessments of member language preferences and service quality.

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 training emphasizes:

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

Health Equity strategic direction includes:

- Assessing population health is necessary to determine community needs
- Addressing targeted 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

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.

Aetna Better Health of Texas uses the 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 removing bias and demographic barriers for 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) Standards³. These 15 standards are organized by themes [Appendix B]:

- **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

³ U.S. Department of Health & Human Services. National CLAS Standards.

<https://thinkculturalhealth.hhs.gov/clas/standards>

- 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

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.

Health Equity Plan (HEP) & Planning Process

Aetna Better Health of Texas facilitate the Health Equity Plan (HEP) planning process to ensure engagement of all department leaders, alignment with CLAS standards and NCQA Health Equity Accreditation standards to ensure compliance with this Cultural and Linguistic Services Plan (CLASP).

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 plan. Each Aetna Better Health employee is responsible to comply with the Health Equity Plan 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.

Cultural & Linguistic Appropriate Services Program

Our **Cultural and Linguistic Appropriate Services Program (CLASP)** program 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 Linguistic Appropriate 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. (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 Learning Opportunities

An integral part of the Aetna Medicaid cultural competency strategy is continuous education for staff. We believe that in order 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
- 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 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 continuing education:

- Striving for Health Equity
- Striving for Health Equity refresher course

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

- Aetna cultural competency training
- Population specific cultural competency training
- Disability training
- Health care disparities training
- Trauma-based support training (Case Managers/Service Coordinators)

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 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
- Training Surveys
- Active participation in internal and external meetings, as required by leadership
- Diversity, Equity, and Inclusion Council
- Member Advisory Group
- Provider Advisory Board
- Health Equity Engagement Team participation

NATIONAL AND MARKET ALIGNMENT

Under the strategic direction of Aetna Medicaid National Chief Executive Officer, the Cultural & Linguistics/Health Equity program provides a comprehensive approach to ensuring culturally competent, equitable services. The Vice President of Population Health for Cultural Strategies and the Chief Medical Officer for Aetna Medicaid National oversee health equity and disparity reduction program administration for all Aetna Better Health Medicaid health plans. Regional leads align with the local health plan Cultural & Health Equity leads to ensure programmatic support and oversight.

Aetna Better Health of Texas's Health Equity (HE) lead, in collaboration with the health plan Medical Director, will be responsible to initiate the development of the Health Equity Plan and will lead the cross- functional HEP Workgroup comprised of leads and additional stakeholders in the health plan and the group will collaborate to develop a dynamic plan that engages and holds accountable leads from each functional area.

The HE Lead will be responsible for annual submission and leading the review of the Health Equity Plan (HEP). The HEP will be 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 Group (MAG), including the HE Lead. The plan will be submitted to Aetna Medicaid's Vice President of Population Health and Director of Health Equity annually for review, to the Medicaid lead for Cultural and Health Equity for peer review, and to the Texas Department of Health upon request.

The HE Lead will have a matrix relationship with the Medicaid lead for Cultural and Health Equity. To maintain accountability for specific Cultural Competency and HEP elements we will engage our Health Equity Engagement Team 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 in an effort 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 Group (MAG) at a minimum of quarterly and acts upon their feedback.
- Provides a bilingual staff presence at member-specific community events
- 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). 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)
- 28 CFR § 36.303 – Auxiliary Aids and Services
- 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) as described in UMCM Chapter 16
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Compliance

State & Local Requirements^{4,5}

- Contractual obligation: Aetna Better Health, Inc. Texas Medicaid Managed Care Organization State Contracts
 - 8.1.4.6 Provider Relations Including Manual, Materials, and Training
 - 4.3.6.4 Cultural Competency
 - 8.1.5.8 Cultural Competency Plan
- Star Kids State Contract
 - 4.3.6.8 Cultural Competency
 - 8.1.5.8 Cultural Competency Plan ‘
 - 8.1.4.4 Provider Relations Including Manual, Materials, and Training
- Texas Administrative Code § 353.411 – Accessibility of Service
 - (G) Cultural competency
- UMCM Chapter 16
 - Section 16.1.5.1
- TMPPM, Medicaid Managed Care Handbook, Section 2.5.1

Internal Policies

- AMA 1100.00 Health Equity Policy
- AMA 1100.04 Health Equity Provider Policy
- Language Services (Policy 4500)
- Member Materials Standards (Policy 4500.20)
- Interpreter Services (Policy 4500.25)
- Member Advisory Committee (MAG) (policy 4200.02)
- Provider Responsibilities (Policy 6300.10)
- Member Services Staff Training (Policy 4500.48)

Human Resources

⁴ Uniform Managed Care Contract sec. 8.1.4.6, sec. 4.3.6.4, sec. 8.1.5.8

⁵ Star Kids Contract sec 4.3.6.8, sec. 8.1.5.8, sec 8.1.16.2



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. The employee ethnicity percentages per work force information will be reported to the Quality Management Oversight Committee at a minimum of annually by the Human Resources Department and compared to the most current US Census Bureau, American Community Survey Report. Through local recruiting and hiring practices our employees are representative of the demographic characteristics of the service area.

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

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

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 6.9 grade reading level¹³
- 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 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

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.

Goals

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

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

To measure effectiveness of the 2022 CLASP, the health plan's Health Equity team has established effectiveness metrics to be measured and monitored throughout the year.

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 semiannually, with a full annual evaluation the following year⁶.

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.

Approvals

The 2022 Aetna Better Health of Texas Health Equity Plan (HEP) and 2022 Health Equity and CLAS Program Evaluation will be reviewed and approved at least annually using all appropriate channels/protocols, including the Quality Management Oversight Committee.

⁶ 2022 NCQA Health Equity Standards and Guidelines: HE 5A

Appendix A

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 and Health Equity (CHE) 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.

Cultural Competency – The Department of Health and Human Services defines cultural competence as 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

Cultural Competency Matrix – An assessment of the RFP proposal that supports local market needs by identifying all cultural competency and health equity requirements by functional area/owner; a resource supplied by the Cultural Competency Steering Committee to local markets.

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.” (Robert Wood Johnson Foundation, 2017)⁷. 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 Plan (HEP) – The formal document that provides a guideline for markets to engage all health plan departments and leaders to successfully deliver culturally appropriate services. The HEP describes enterprise-wide methodologies and processes that are mindful of the language and cultural needs of our members, to measure and improve care and services to every member we serve.

⁷ Robert Woods Johnson Foundation. What is Health Equity?
<https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

Cultural Competency Planning Workgroup – A cross-functional workgroup comprised of Cultural and Health Equity leads and functional area leads from various areas within the health plan which include but are not limited to: operations, human resources, marketing, medical management, member services, provider services, community outreach and quality. The HEP Workgroup is responsible for the development, implementation, monitoring and annual revisions of the HEP and process.

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

Functional Area Leads- Include leaders and additional stakeholders from various departments in the health plan that collaborate with the HEET to develop a dynamic HEP that engages and holds accountable leads from each functional area. The functional area leads are responsible for the development, implementation, monitoring and annual revisions of the HEP and process.

Group Needs Assessment – A tool that provides a framework for assessment of the characteristics and demographics of the member population being served from a cultural and linguistic perspective.

Health Equity (HE) Dashboard – A tool to support health plans with analyzing their population health data to identify target area of need, which can help inform further planning activities and interventions to address health disparities.

Key Stakeholders – This group is comprised of the National Cultural Competency Lead, pertinent members of the local health plan leadership, the HEET and State Regulators (where applicable).

Membership and State Demographics – Characteristics of a state and/or membership population expressed statistically, such as age, sex, education level, income level, marital status, occupation, religion, birth rate, death rate, etc.

National Medicaid Health Equity Lead – A member of the National Health Medicaid Equity Team

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

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- 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.

Appendix B

National CLAS Standards⁸

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.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

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.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

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

⁸ U.S. Department of Health & Human Services. National CLAS Standards.
<https://thinkculturalhealth.hhs.gov/clas/standards>

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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.
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.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Appendix C

NCQA Health Equity accreditation Standards⁹

HE 1: Organizational Readiness:

HE 1 Element A: Building a Diverse Staff

HE 1 Element B: Promoting Diversity, Equity and Inclusion Among Staff

HE 2: Race/Ethnicity, Language, Sexual Orientation, and Gender Identity Data:

HE 2 Element A: System for Individual-Level Data

HE 2 Element B: Collection of Race/Ethnicity

HE 2 Element C: Collection of Data on Language

HE 2 Element D: Collection of Data on Gender Identity

HE 2 Element E: Collection of Sexual Orientation Data

HE 2 Element F: Privacy Protections for Data

HE 2 Element G: Notification of Privacy Protections

HE 3: Access and Availability of Language Services:

HE 3 Element A: Written Documents

HE 3 Element B: Spoken Language Services

HE 3 Element C: Support for Language Services

HE 3 Element D: Notification of Language Services

HE 4: Practitioner Network Cultural Responsiveness:

HE 4 Element A: Assessment and Availability of Information

HE 4 Element B: Enhancing Network Responsiveness

HE 5: Cultural and Linguistically Appropriate Service Programs:

HE 5 Element A: Program Description

HE 5 Element B: Annual Evaluation

HE 6: Reducing Health Care Disparities:

HE 6 Element A: Reporting Stratified Measures

HE 6 Element B: Use of Data to Assess Disparities

HE 6 Element C: Use of Data to Monitor and Assess Services

HE 6 Element D: Use of Data to Measure CLAS and Disparities