



Cultural Competency Milestone 1 DY1, Q3

There were several details requested for this Milestone based on the Independent Assessor's feedback.

The summaries below correlate the requested documents included within the attached packet: -

Qualitative Assessment of the Community Needs Assessment p. 2 -

Request: The request for documentation of CCN "identifying priority groups experiencing health disparities" which "identified key factors to improvement to quality primary, behavioral health, and preventative care" is addressed here.

Summary: The community needs assessment conducted caused the Cultural Competency & Health Literacy Committee to think about culture less conventionally (outside of demographic information - this was not a theme that occurred). Instead, issues that the team has taken note of include "education", "rural" residency, and "transportation" (mentions >50 in Community Needs Assessment). This will be used to inform the training checklist referenced in the Strategy previously submitted under "Training" 2 (Slide 4) approved by the BOD in September. At this point, the Cultural Competency & Health Literacy Committee was already analyzing partner trainings (as described on Slide 4 -3A) and identifying groups using the Community Needs Assessment (as described on Slide 4 -1B) and factors concurrent with their development of the Strategy.

Cultural Competency Survey Summary Q

Request: 5I FSRVFTUQPS BEPDNFCU JFCUZHCHQSPSIZ HSPVQTFYQSFODCHI FBVI EJQBSUFT and UBU JFCUJFE LFZ BDPSTUP JNQPVENFOUP RVBMZ QSNBSZ CH BAPSEMI FBVI BCE QFVFCUJMF/DSF JTBEESFTFE IFSFBTXFMBTU FSRVFTUQPS QMOTQSUXP XEZDPNN VOELPOXJU U F QPCVMUPOBCE DPNN VOJZHSPVQT U SPVH TQFDGDDPNN VOJZ QSVNT

Summary: An initial forum facilitating two-way communication consists of a panel which was advertised through partnering CBOs using cards and flyers to solicit members. *OPSEFSUP HBIONPSF JOTH UOBEEJPOUP BOBM JCHU F SPNN VOJZ/ FFET" TIFTINFCUUI F \$VMVSBM\$PNQFUCZ) FBVI - JFSBZ \$PNNJUJFF EFVFMQFE BTSMVZ BCE EJUSJCUFE UP U F QBFMNBCHFE CZ3FIFSD BCE. BSLFUCH4SBUHFTQPS \$BSF \$PNQBIT/ FXPSL 5I F QMOJTUP DPOJOMF UP BEN JOJUSU F TVSMVZ BOOVBMUP VCEFSUBCE D BCFJTJODMVM\$BM OFFETBCE QFSDQJPOTPGDVM\$BMSFVUFE USFBNFCUXJU JOU F 114PMS U F EFNPOISBUPOZFBST This is referenced in the Strategy initially submitted under "Training" 1B (Slide 4).

\$VMVSBM\$PNQFUCZ) FBVI - JFSBZ \$PNNJUJFF. FFUCH" HCOEB11/13/2015 p. 64

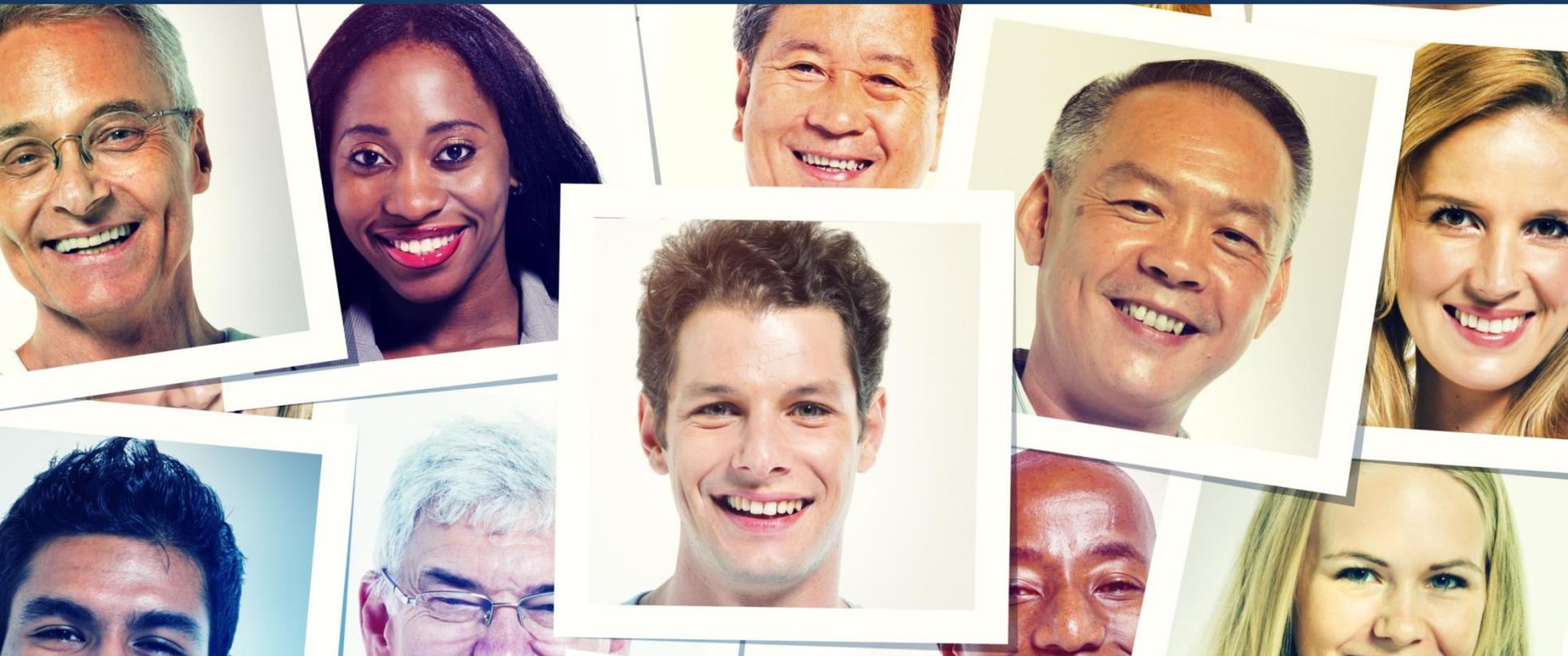
Request: The request for "assessment and tools to assist patients with self-management of conditions" and "community-based interventions to reduce health disparities and improve outcomes" is addressed here.

Summary: As seen in "Agenda Item 6", project managers are expected to bring tools, assessments, and interventions identified by their project teams or project plans to the Cultural Competency & Health Literacy Committee for review for cultural and literacy considerations. The Committee is not responsible for the identification of tools but rather project managers, teams, and leads are required to send any patient-facing communications to the Committee for quality review. An example of this would be the inclusion of the PAM survey for Project 2di. The Committee identified concerns surrounding the literacy level of the survey statements. As a tool tested and demonstrated as reliable and valid, changing wording would not be a feasible solution. Instead, they emphasized that partners should be aware that the eligible population may need to ask clarifying questions and survey administrators should be open to this and as helpful as possible. Another example would be that both the 2ci and 3aii projects' implementation leverages services that historically have been provided anonymously. The Cultural Competency Committee determined that collecting identifying information should be presented as optional since it primarily serves the reporting needs of the PPS and not the individual served. It was also suggested that this kind of information be requested at the end of a call or interaction to prevent the request from being perceived as a requirement for services.

Keyword or Phrase	Frequency in CNA and other documents	Excerpts	Etc.
Access	>50		
Aware(ness)	>50	<p>Provide education to Medicaid and uninsured patients to make them aware of their healthcare options. Having a mechanism within primary care offices that explains Medicaid and how the primary fits in with that service. Primaries should also make patients aware of other agencies that might be helpful to them. (Cortland) Education; flyers or their physician can offer information so patients are more aware of what is an emergency situation and must be taken to the ED and what can be handled through their physician's office. (Cayuga)</p>	
Background and/or history	9		
Barrier	>50		
Beliefs	0		
Bilingual	1	<p>How could the county boost awareness of the 2-1-1 directory? PSA announcements on the radio and television. Having bilingual speakers; let's use our universities for some of those resources. (Broome</p>	
Caregiver	7		
Care Management	18		
Case Management	44		
Church	12		
Chronic disease management	5	<p>staff meetings as well as specific in-services which emphasize population management and chronic disease management. Patient education about specific conditions, for example, diabetes, chronic disease management</p>	

Communication skills	1	Community Organizations have the communication skills to connect providers and community organizations to create community out-reach programs. (Schuyler)	
Country	2		
Convenience	12		
Cross-cultural	0		
Cross-cultural communication	0		
Cultural	15		
Culture	3		
Customs	0		
Decision-making	0		
Diagnosis	30		
Disparities	1	IMPROVE HEALTH STATUS & REDUCE HEALTH DISPARITIES	
Diverse or diversity	3	Do you think racial diversity or lack of cultural sensitivity is a barrier to receiving healthcare services among the Medicaid and uninsured populations?	
Education	>50		
Ethnicity	6	Affordability, transportation are very large barriers. Taking off work for patients who do work. Bureaucracy. Cultural Competency - knowing how to speak to people in a manner that they experience as respectful. Whether because of their ethnicity, their gender, their socio-economic status. When people need out of County medical services transportation is difficult. (Tompkins).	
Gender	4	What is your gender?	
Health communication	0		
Health information	3	Better access to health information, like the medical providers having easier access to reach them for feedback. (Chenango)	education
Health language	0		

Healthcare literacy	3	Improving healthcare literacy by PCP spending more time with the patient (Broome). A significant cause of avoidable readmissions was a patient's non-compliance with specified discharge regiments. Non-compliance is a result of many factors including healthcare literacy, language barriers, and lack of engagement within the community health care system.	
Incentives	49		
Income	12		
Income level	1	Many reported frustration in signing up, minimum income levels, and other limitations with the program.	
Integration	5		
Interaction(s)	13		
Knowledge	39		
Language	17		
Language Barriers	6		
Lifestyle	34		
Location	39		
Perception	10		
Plain language	0		
Poverty	24		
Race	8		
Reading level	0		
Religion	0		
Rural	>50		
Self-care	5		
Sexual identity	0		
Sexual orientation	0		
Suburban	0		
Transportation	>50		
Urban	9		



Research & Marketing Strategies, Inc
15 E. Genesee Street, Suite 210
Baldwinsville, NY 13027
315 635 9802
www.RMSresults.com

Prepared for:
Annie Bishop, RN, BSN
Administrative Manager
UHS Medicaid Health Home
(607) 762 2862
Anne_Bishop@UHS.org

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CARE COMPASS NETWORK

- ❖ This report details the findings of the Cultural Competency Survey conducted and administered electronically to Care Compass Network (CCN) panel members in January 2016. In the spring of 2015, CCN partnered with Research and Marketing Strategies, Inc. (RMS) to create an online panel to engage in a series of research studies. The objective of this research was to **better understand panel members' cultural experiences and literacy in regards to the healthcare system.**
- ❖ The study consisted of an online survey that was administered to CCN panel members. Two surveys were created, the first targeted healthcare users (CCN panel Groups 1 and 4), and the second targeted industry professionals (CCN panel Groups 2 and 3). The first survey included 17 questions, and took respondents approximately 6 minutes to complete. The second survey included 13 questions, and took respondents approximately 5 minutes to complete. A total of **173 surveys were completed representing a response rate of 29%**. Three percent of members opened the survey invite but did not complete it. Fieldwork lasted from **January 6th to January 26th, 2016.**
- ❖ Any questions or comments regarding this market research study can be directed to Emily Palermo, Social Media and Research Associate at Research & Marketing Strategies, Inc. (RMS) at 1-866-567-5422 or email at EmilyP@RMSresults.com.

Note: 6 panel members unsubscribed from the panel as a result of this survey invite.

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CARE COMPASS NETWORK

- ❖ The online panel survey response rate was 29%, which is considered strong, resulting in 173 completed surveys. Additionally, the respondents represented a cross section from all four of the CCN panel groups (Medicaid and Uninsured Community Members, Healthcare Providers, Community Organization Employees, and Community Residents). Responses from Community Residents (panel Group 4) was the largest panel group of respondents representing 32%. While responses from Medicaid and Uninsured Community Members (panel Group 1) was the lightest representing 19%.
- ❖ One-fifth of healthcare user respondents (panel Groups 1 and 4) reported that they felt ‘feelings of being insulted or being treated rudely’ (22%) and ‘feeling unwelcome, unwanted, and not valued’ (19%). However, the majority (65%) noted that they have not had a poor experience with a healthcare provider. Of respondents who reported a poor experience, a ‘disability or perceived disability’ was the top perceived reason for that experience (29%).
- ❖ Of healthcare user respondents (panel Groups 1 and 4), the vast majority reported that their healthcare provider(s) consider(s) their cultural (85%), language (97%), and spiritual (81%) needs. Of respondents who reported that their provider did not meet these needs, the majority noted that it was not a topic that their provider ever addresses when interacting with them.
- ❖ Two-thirds of industry professional respondents (panel Groups 2 and 3) reported that their organization has cultural competency and/or health literacy training (68%). Additionally, the majority of these respondents noted that this training is completed annually (71%) and/or online (74%).
- ❖ About one-third of industry professional respondents (panel Groups 2 and 3) reported that their organization self-evaluates adherence to cultural competency (35%). Of these respondents, the majority noted that age (64%) and educational background (73%) have an effect on the approach they use to serve clients, while income and whether clients live in a rural, suburban, or urban area do not.

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- ❖ Nearly one-fifth of respondents reported they felt ‘feelings of being insulted or being treated rudely’ (22%) and ‘feeling unwelcome, unwanted, and not valued’ (19%).
- ❖ Two-thirds of respondents have never experienced feelings of being treated rudely, unwelcome, poor treatment, or have a fear of contacting a healthcare provider (65%).

Q1: Based on your experience with local healthcare providers have you or a household family member experienced the following? n88; Multiple Response			
Category:	Total %	Medicaid or Uninsured Panel Members	Community Resident Panel Members
Feelings of being insulted or being treated rudely	22%	19%	23%
Feeling unwelcome, unwanted, and not valued	19%	13%	23%
Fear of contacting the healthcare provider, office, or hospital	14%	13%	14%
Confusion about appointment or treatments	14%	9%	16%
Poorer services and/or treatment than others	11%	13%	11%
None of the above	65%	72%	61%
Other ¹	5%	6%	4%

¹ See “Other” responses on page 8.

Q1¹ (IF CHOSE OTHER): Please specify.

n4; Open-Ended

- “Follow-up from hospital was not good.” (Group 1)
- “My LTCSS provider claims they are doing "consumer centric care." not the case in my book ...” (Group 1)
- “Rude treatment, staff doubting that he was a patient because they could not locate his records.” (Group 4)
- “The deductible for my health insurance was the reason I didn't seek care I felt I needed last year.” (Group 4)

- ❖ Of those with a poor experience, nearly one-third of respondents (29%) felt ‘a disability or perceived disability’ was the reason for it. The second most prevalent reason was perceived to be as a result of their health insurance coverage or lack there of (16%).

Q2(IF SELECTED A-F): I feel this experience was because of...			
n31; Multiple Response			
Category:	Total %	Medicaid or Uninsured Panel Members	Community Resident Panel Members
A disability or perceived disability	29%	44%	23%
My or my family member’s health insurance, or lack of health insurance	16%	33%	9%
Substance use	7%	11%	5%
My or my family members race or ethnicity	3%	11%	-
My or my family member’s income	3%	11%	-
My or my family’s religious beliefs	3%	11%	-
The place where I or my family lives	3%	11%	-
My or my family member’s sexual orientation	-	-	-
The primary language I speak or the language I speak at home	-	-	-
The way I or my family member expresses gender	-	-	-
Other ¹	68%	56%	73%

¹See “Other” responses on page 10.

Q2¹ (IF CHOSE OTHER): Please specify.

n21; Open-Ended

- “Age.” (Group 4)
- “Didn't know how to treat my symptoms.” (Group 4)
- “Disorganized staff.” (Group 1)
- “Feeling like I was being told I was not parenting properly.” (Group 4)
- “Health diagnosis.” (Group 1)
- “I did not follow her directions.” (Group 4)
- “I do not feel I am getting health advice and care that I trust in my local area.” (Group 4)
- “Inability to get past desk staff and even nurses with important medical changes in my health.” (Group 4)
- “Insurance.” (Group 1)
- “Just quality of care concern.” (Group 4)
- “Lack of experience/knowledge on behalf of the healthcare providers.” (Group 4)
- “My husband is easily confused and medical professionals are sometimes vague or unclear.” (Group 4)
- “My knowledge of medicine and my own illnesses.” (Group 4)
- “My ITCSS provider professionals are condescending and patronizing.” (Group 1)
- “My weight.” (Group 4)
- “Not listening to me or reviewing my medical records.” (Group 4)
- “The doctor doesn't listen to the patient. Three months wasted with local doctor 20 min fix in Rochester, NY.” (Group 4)
- “The provider's poor bedside manner.” (Group 4)
- “The specialist is arrogant.” (Group 4)
- “The use of hospitalists in the hospital does not facilitate a continuum of care.” (Group 1)
- “Weight.” (Group 4)

- ❖ Of respondents who reported an unsatisfactory experience, nearly all (90%) said that it happened within the last 3 years.

Q3 (IF SELECTED A-F): Was this experience recent (i.e. within the last 3 years)?			
n31; Single Response			
Category:	Total %	Medicaid or Uninsured Panel Members	Community Resident Panel Members
Yes	90%	100%	86%
No	10%	-	14%

❖ Virtually all respondent’s (98%) primary language is English.

Q4: What is your primary language? n88; Open-Ended; Coded			
Category:	Total %	Medicaid or Uninsured Panel Members	Community Resident Panel Members
English	98%	96%	98%
Other	2%	4%	2%

❖ All respondents reported that their healthcare provider communicates in the language they prefer to use.

Q5: Does your healthcare provider communicate in the language you prefer to use? n88; Single Response			
Category:	Total %	Medicaid or Uninsured Panel Members	Community Resident Panel Members
Yes	100%	100%	100%
No	-	-	-

Note: Do to all respondents indicating their healthcare provider communicates in their preferred language, the follow-up question regarding translations services (Q6) was skipped.

- ❖ Half of respondents (52%) reported that they ‘Always’ understand their health goals after seeing a healthcare provider.
- ❖ Only 7% stated that they ‘Rarely’ understand their health goals following a visit.

Q7: Fill in the blank: I _____ understand my health goals after seeing a healthcare provider. n88; Single Response			
Category:	Total %	Medicaid or Uninsured Panel Members	Community Resident Panel Members
Always	52%	56%	50%
Usually	36%	31%	39%
Sometimes	5%	7%	4%
Rarely	7%	6%	7%
Never	-	-	-

- ❖ Nearly nine out of ten respondents reported that they ‘Always’ (44%) or ‘Usually’ (43%) understand what steps need to be taken to achieve their health goals after seeing a provider.

Q8: Fill in the blank: I _____ know what steps need to be taken to achieve my health goals after seeing a healthcare provider.
n88; Single Response

Category:	Total %	Medicaid or Uninsured Panel Members	Community Resident Panel Members
Always	44%	47%	43%
Usually	43%	34%	48%
Sometimes	6%	16%	-
Rarely	5%	3%	5%
Never	2%	-	4%

Note: A bracket groups 'Always' and 'Usually' with a callout box containing '87%'.

- ❖ Less than half of respondents provided a score of 4 or 5 (on a scale of 1 to 5), indicating it is important their healthcare provider(s) consider(s) their cultural needs.
- ❖ A majority rated the importance of their cultural needs as a 3 or lower.

Q9: On a scale of 1 to 5, with 1 being 'Not at all important' and 5 being 'Very important,' how important is it that your healthcare provider(s) consider(s) your cultural needs? n88; Single Response						
	Not important 1	2	3	4	Very important 5	Mean Score
Aggregate	23%	6%	30%	18%	23%	3.1
Medicaid or Uninsured Panel Members	22%	9%	29%	9%	31%	3.2
Community Resident Panel Members	23%	4%	32%	23%	18%	3.1

❖ The vast majority of respondents (85%) felt that their healthcare provider(s) consider(s) their cultural needs.

Q10 (IF Q9 IS SCORED 2 OR HIGHER): Do you feel your healthcare provider(s) consider(s) your cultural needs? n68; Single Response			
Category:	Total %	Medicaid or Uninsured Panel Members	Community Resident Panel Members
Yes	85%	84%	86%
No	15%	16%	14%

Q9a (If Q9=No): Why do you feel that way?

n10; Open-Ended

- “‘Cultural needs’ needs clarification. If this counts, being a lesbian is often unaddressed.” (Group 4)
- “Actual answer is unsure but that's not a choice.” (Group 4)
- “Cultural competency here at my LTCSS is almost completely nonexistent at least most of the time...” (Group 1)
- “Cultural needs are never discussed.” (Group 4)
- “Don’t really have any.” (Group 1)
- “I don't think they know anything about me except for my health issues.” (Group 4)
- “It's a non issue. WASP really have no cultural needs... a minority in this world.” (Group 4)
- “Not asked. Literature not usually sensitive.” (Group 4)
- “She thinks that everyone is able to afford nutritious meals all the time.” (Group 1)
- “There is complete silence from them, which leads me to think they don't believe me.” (Group 1)

❖ Nearly all respondents (97%) felt that their healthcare provider(s) consider(s) their language needs.

Q11: Do you feel your healthcare provider(s) consider(s) your language needs? n88; Single Response			
Category:	Total %	Medicaid or Uninsured Panel Members	Community Resident Panel Members
Yes	97%	100%	95%
No	3%	-	5%

Q11a (If Q11=No): Why do you feel that way?

n3; Open-Ended

- “It's a non-issue.” (Group 4)
- “It's not relevant. I speak English - the dominant language of the area - poor routing/question.” (Group 4)
- “We all speak the same language so there's nothing to consider.” (Group 4)

- ❖ Less than one-third of respondents provided a score of 4 or 5 (on a scale of 1 to 5), indicating that it is important healthcare provider(s) consider(s) their spiritual needs.
- ❖ A majority rated the importance of their spiritual needs as a 3 or lower.

Q12: On a scale of 1 to 5, with 1 being 'Not at all important' and 5 being 'Very important,' how important is it that your healthcare provider(s) consider(s) your spiritual needs? n88; Single Response						
	Not at all important 1	2	3	4	Very important 5	Mean Score
Aggregate	28%	14%	26%	14%	18%	2.8
Medicaid or Uninsured Panel Members	25%	9%	31%	13%	22%	3
Community Resident Panel Members	30%	16%	24%	14%	16%	2.7

❖ The vast majority of respondents (81%) felt that their healthcare provider(s) consider(s) their spiritual needs.

Q13 (IF Q12 IS SCORED 2 OR HIGHER): Do you feel your healthcare provider(s) consider(s) your spiritual needs? n63; Single Response			
Category:	Total %	Medicaid or Uninsured Panel Members	Community Resident Panel Members
Yes	81%	79%	82%
No	19%	21%	18%

Q13a (If Q13=No): Why do you feel that way?

n12; Open-Ended

- “Actually unsure but that's not a choice.” (Group 4)
- “Again, this subject is never discussed.” (Group 4)
- “Hard to answer as it has never been asked if me.” (Group 4)
- “Has not come up in conversation. Has not been an issue.” (Group 4)
- “I don't think they have any idea what they are.” (Group 4)
- “It's never addressed.” (Group 4)
- “Lowest common denominator programming here in my setting ... recreation activities, spirituality.” (Group 1)
- “Never asks about it or if its affecting me.” (Group 1)
- “Never really spoke about.” (Group 1)
- “No comment.” (Group 1)
- “Not a Christian, so not in the normal majority... never asked about other preferences.” (Group 4)
- “They never ask.” (Group 1)

❖ The vast majority of respondents (76%) understand all of the written materials given from their healthcare provider.

Q14: The last time you were given written materials from your healthcare provider, how well did you understand them? n88; Single Response			
Category:	Total %	Medicaid or Uninsured Panel Members	Community Resident Panel Members
All of them	76%	78%	75%
Most of them	19%	16%	21%
A little bit	5%	6%	4%
Not at all	-	-	-

- ❖ Of the respondents who had difficulty understanding written materials from their provider, they reported that they either did not understand the words or their meanings, or were not given any written materials.

Q15 (IF SELECTED “NOT AT ALL” OR “A LITTLE BIT”): Which of the following <u>best</u> represents why the written materials from your healthcare provider difficult to understand? n4; Single Response			
Category:	Total %	Medicaid or Uninsured Panel Members	Community Resident Panel Members
I do not understand the words or their meanings	50%	100%	-
I was not given any written materials	50%	-	100%

❖ Over half of respondents (60%) reported that their age impacts the way their provider talks to them.

Q16: Which of the following factors do you feel impacts the way your provider talks to you? n88; Multiple Response			
Category:	Total %	Medicaid or Uninsured Panel Members	Community Resident Panel Members
My age	60%	53%	64%
My educational background	50%	41%	55%
My health insurance	18%	16%	20%
My income	17%	28%	11%
I live in a rural area	13%	6%	16%
I live in an urban area	7%	9%	5%
I live in a suburban area	3%	3%	4%
None of the above	30%	41%	23%

Q17: Do you have any additional comments?

n20; Open-Ended; Medicaid and Uninsured Community Members (Group 1)

- “Did not quite understand why a lot of these questions were asked.”
- “I am happy with my health care provider, our local hospital needs improvements.”
- “I am lucky to have good provides. I educate myself on general health issues and my own. I also ask a lot of questions.”
- “I don't see a doctor. my primary care provider is a LFP attached to the local hospital.”
- “I have a great relationship with my doctor but the health ministry of the southern tier has closed. I have no health insurance so I am without a doctor again.”
- “I have been very badly mistreated based on my disability and/or perceived disability (psychiatric).”
- “I have no insurance and my doctor works with me.”
- “I love my doctor.”
- “I wish my doctor help me understand my condition better.”
- “It is more important to me that my mental health providers consider my cultural and spiritual needs when treating me. i just need my physicians to respect my cultural and spiritual needs.”
- “It just seems that sometimes she talks down because I don't meet my goals.”
- “Love my primary.”
- “My care providers are all very caring.”
- “No.”
- “No.”
- “No.”
- “No.”
- “Thank you most kindly for allowing me to express myself in this manner in this setting...”
- “The majority of my doctors are thorough and caring.”
- “What the heck is this about?”

Q17: Do you have any additional comments?

n21; Open-Ended; Community Residents (Group 4)

- “Even with excellent health insurance and white privilege, I don't feel like most provider successfully value my input into my care.”
- “I have a constant distrust in health services in my area and often seek out of town care hours away from home.”
- “I have excellent health care providers who treat me like the intelligent adult that I am!!!”
- “I have great respect for my healthcare provider. The previously noted difficult situation involved my husband & other staff in the same office.”
- “I often have a difficult time getting an appt with a provider in what I consider a reasonable amount of time, but I am very satisfied when I do have an appointment with a provider. My doctors are excellent.”
- “I recently changed providers because I was dissatisfied with my treatment and now am 100% happy with my team.”
- “In my opinion, medicine has become a "business", probably in part due to inadequate insurance and medicare payments. The patient feels the "rush" to get patients in and out as quickly as possible because of this and therefore, especially for the elderly patient, all concerns cannot be covered, or easily remembered as the push to get you in and out is recognized and stressful.”
- “My disconnect with my provider is that she didn't review my records prior to my visit and missed a blood analysis that should have been done. So... I had to go back... another co-pay. I did, she prescribed vitamin D and then I got so disconnected from the entire experience that I am too angry to go back to see if it worked... it's been six months.”
- “My health care provider is unusual in that he takes the time to speak with me and also does not immediately resort to a medical/medicinal solution before considering other options.”
- “No.”
- “No.”
- “No.”
- “No.”
- “No.”
- “None.”
- “Sometimes I think everyone is treated as if they are stupid and on welfare even if educated with good insurance.”
- “Specialist I am referring to didn't even listen to his own staff. He was arrogant and didn't even let me say anything. This is not my primary care provider. Spent \$30,000 on unnecessary tests over three months with no help. Went to another doctor in Rochester NY and walked out in 20 minutes with the problem solved. This was late June. It's now early January and things are still working fine.”
- “Teach doctors to listen to patients.”
- “This is one of the most poorly constructed surveys you've done so far. Limiting the number of characters in the explanation is a poor decision. When you talk about cultural needs, I'm not sure what you mean. We all have many different "roles" and "cultures" - do you care about the lesbian/gay aspect of culture? Do you care about age group as a culture? Do you care about my income class as a culture? It's not clear, and the questions only seem to address language. if that's what you care about, just ask that.”
- “This survey was really not geared to me as I am not of a minority and seek little medical care.”
- “Yes, language is important but I am not sure the cultural should be a major factor, but then again I am WASP with no culture influences.”

- ❖ The majority of respondents (68%) reported that their organization has Cultural Competency and/or Health Literacy training.

Q1: Does your organization have Cultural Competency and/or Health Literacy training? n85; Single Response			
Category:	Total %	Healthcare Provider Panel Members	Community Organization Employee Panel Members
Yes	68%	63%	72%
No	32%	37%	28%

❖ Most respondents (74%) reported that this training is completed online.

Q2 (IF HAS TRAINING): What is the format of this training? n58; Multiple Response			
Category:	Total %	Healthcare Provider Panel Members	Community Organization Employee Panel Members
Online	74%	77%	72%
In person	55%	41%	64%
Open forum discussion	12%	5%	17%
Other ¹	9%	14%	6%

¹Other(s) include: “Cultural awareness training.” (Group 2), “Poster displays .” (Group 3), “PowerPoint Presentations.” (Group 2), “Video presentation.” (Group 2), “We hold a diversity fair every year.” (Group 3).

❖ Most respondents (71%) reported that their organization requires this training to be completed annually.

Q3 (IF HAS TRAINING): How frequently does your organization require you to complete this training? n58; Single Response			
Category:	Total %	Healthcare Provider Panel Members	Community Organization Employee Panel Members
Annually	71%	77%	67%
Not required	10%	5%	14%
Unsure	9%	13%	6%
Upon hire only	7%	5%	8%
Other ¹	3%	-	5%

¹“Other”(s) include: “Ongoing trainings for a 4 hours annually for admin staff and 6 for program.” (Group 3),
“Upon hire and then annual reminders at mandatory time.” (Group 3).

- ❖ Nearly half of respondents (48%) reported that their organization does not have a Cultural Competency and/or Health Literacy Committee.

Q4: Does your organization have a Cultural Competency and/or Health Literacy Committee? n85; Single Response			
Category:	Total %	Healthcare Provider Panel Members	Community Organization Employee Panel Members
No, neither	48%	46%	50%
Yes, both a Cultural Competency and Health Literacy Committee (either two separate committees or a single committee with both functions)	15%	23%	10%
Yes, a Cultural Competency Committee only	11%	6%	14%
Yes, a Health Literacy Committee only	-	-	-
I don't know	26%	25%	26%

❖ Most respondents (46%) reported that they were unsure how often this committee meets.

Q5 (IF YES): How often does this committee meet? n22; Single Response			
Category:	Total %	Healthcare Provider Panel Members	Community Organization Employee Panel Members
Unsure	46%	60%	34%
Monthly	36%	10%	58%
Annually	9%	10%	8%
Quarterly	9%	20%	-

- ❖ About one-fourth of respondents (26%) reported that their organization has a Cultural Competency and/or Health Literacy Plan.

Q6: Does your organization have a Cultural Competency and/or Health Literacy Plan? n85; Single Response			
Category:	Total %	Healthcare Provider Panel Members	Community Organization Employee Panel Members
Yes	26%	29%	24%
No	31%	31%	30%
I don't know	43%	40%	46%

- ❖ Of respondents who have a plan, approximately half (55%) reported that their organization updates this plan annually.

Q7 (IF YES): How often does this plan get updated? n22; Single Response			
Category:	Total %	Healthcare Provider Panel Members	Community Organization Employee Panel Members
Annually	55%	60%	50%
Unsure	41%	40%	42%
Other ¹	4%	-	8%

¹Other”(s) include: “As needed.” (Group 3).

- ❖ Less than half of respondents (44%) reported that their organization has evaluated materials to ensure they are written at a 6th grade reading level.

Q8: Has your organization ever evaluated its distributed materials to ensure they are written at a 6th grade reading level, and are easy to understand and act on? n85; Single Response			
Category:	Total %	Healthcare Provider Panel Members	Community Organization Employee Panel Members
Yes	44%	40%	46%
No	21%	26%	18%
I don't know	35%	34%	36%

- ❖ The vast majority of respondents (79%) reported that their organization offers in person interpreters or a language line.

Q9: Does your organization offer in person interpreters or a language line? n85; Single Response			
Category:	Total %	Healthcare Provider Panel Members	Community Organization Employee Panel Members
Yes	79%	83%	76%
No	18%	14%	20%
I don't know	3%	3%	4%

❖ Roughly one-third of respondents (34%) reported that their organization offers written translation services.

Q10: Does your organization offer written translation services? n85; Single Response			
Category:	Total %	Healthcare Provider Panel Members	Community Organization Employee Panel Members
Yes	34%	31%	36%
No	37%	34%	38%
I don't know	29%	35%	26%

- ❖ About one-third of respondents (35%) reported that their organization self-evaluates adherence to cultural competency.

Q11: Does your organization self-evaluate adherence to cultural competency (i.e. through the Nathan Kline Assessment Survey or another similar method)?			
n85; Single Response			
Category:	Total %	Healthcare Provider Panel Members	Community Organization Employee Panel Members
Yes	13%	14%	12%
No	35%	37%	34%
I don't know	52%	49%	54%

❖ Roughly two-thirds of respondents (64%) reported that their organization self-evaluates annually.

Q12 (IF SELF-EVALUTES): How often does this self-evaluation occur?

n11; Single Response

Category:	Total %	Healthcare Provider Panel Members	Community Organization Employee Panel Members
Annually	64%	80%	50%
Unsure	27%	20%	33%
Other ¹	9%	-	17%

¹“Other”(s) include: “Biannual” (Group 3).

- ❖ The majority of respondents (64%) provided a score of 4 or 5 (on a scale of 1 to 5), indicating that the clients' age has an effect on the approach they use to serve them.

Q13a (IF SELF-EVALUTES): On a scale of 1 to 5, with 1 being 'No affect' and 5 being 'Major affect,' to what degree does <u>the clients' age</u> effect the approach you use to serve them? n11; Single Response						
	No affect 1	2	3	4	Major affect 5	Mean Score
Aggregate	9%	-	27%	9%	55%	4
Healthcare Provider Panel Members	20%	-	-	-	80%	4.2
Community Organization Employee Panel Members	-	-	50%	17%	33%	3.8

- ❖ The vast majority of respondents (73%) provided a score of 4 or 5 (on a scale of 1 to 5), indicating that the clients' educational background has an effect on the approach they use to serve them.

Q13b (IF SELF-EVALUTES): On a scale of 1 to 5, with 1 being 'No affect' and 5 being 'Major affect,' to what degree does the clients' educational background effect the approach you use to serve them?
n11; Single Response

	No affect 1	2	3	4	Major affect 5	Mean Score
Aggregate	9%	-	18%	27%	46%	4
Healthcare Provider Panel Members	20%	-	20%	-	60%	3.8
Community Organization Employee Panel Members	-	-	17%	50%	33%	4.2

- ❖ The vast majority of respondents (73%) provided a score of 1 or 2 (on a scale of 1 to 5), indicating that the clients' income does not have a major effect on the approach they use to serve them.

Q13c (IF SELF-EVALUTES): On a scale of 1 to 5, with 1 being 'No affect' and 5 being 'Major affect,' to what degree does the clients' income effect the approach you use to serve them?
 n11; Single Response

	No affect 1	2	3	4	Major affect 5	Mean Score
Aggregate	64%	9%	18%	-	9%	1.8
Healthcare Provider Panel Members	100%	-	-	-	-	1
Community Organization Employee Panel Members	33%	17%	33%	-	17%	2.5

- ❖ The vast majority of respondents (73%) provided a score of 1 or 2 (on a scale of 1 to 5), indicating that the fact that clients' live in a rural area does not have a major effect on the approach they use to serve them.

Q13d (IF SELF-EVALUTES): On a scale of 1 to 5, with 1 being 'No affect' and 5 being 'Major affect,' to what degree does the fact that clients' live in a rural area effect the approach you use to serve them?
n11; Single Response

	No affect 1	2	3	4	Major affect 5	Mean Score
Aggregate	46%	27%	9%	9%	9%	2.1
Healthcare Provider Panel Members	80%	20%	-	-	-	1.2
Community Organization Employee Panel Members	17%	33%	16%	17%	17%	2.8

- ❖ The majority of respondents (64%) provided a score of 1 or 2 (on a scale of 1 to 5), indicating that the fact that clients' live in a suburban area does not have a major effect on the approach they use to serve them.

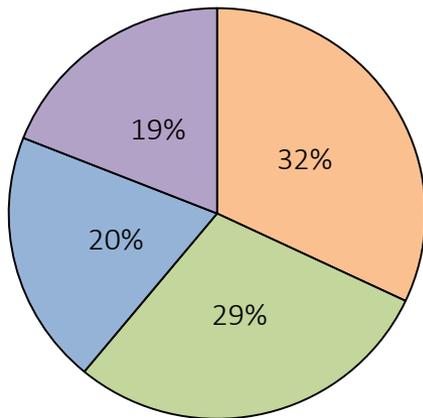
Q13e (IF SELF-EVALUTES): On a scale of 1 to 5, with 1 being 'No affect' and 5 being 'Major affect,' to what degree does the fact that <u>clients live in suburban area</u> effect the approach you use to serve them? n11; Single Response						
	Not at all likely 1	2	3	4	Very likely 5	Mean Score
Aggregate	46%	18%	36%	-	-	1.9
Healthcare Provider Panel Members	80%	-	20%	-	-	1.4
Community Organization Employee Panel Members	17%	33%	50%	-	-	2.3

- ❖ The vast majority of respondents (73%) provided a score of 1 or 2 (on a scale of 1 to 5), indicating that the fact that clients' live in a urban area does not have a major effect on the approach they use to serve them.

Q13f (IF SELF-EVALUTES): On a scale of 1 to 5, with 1 being 'No affect' and 5 being 'Major affect,' to what degree does the fact that clients live in an urban area effect the approach you use to serve clients that?
n11; Single Response

	No affect 1	2	3	4	Major affect 5	Mean Score
Aggregate	55%	18%	18%	9%	-	1.8
Healthcare Provider Panel Members	80%	-	-	20%	-	1.6
Community Organization Employee Panel Members	33%	33%	34%	-	-	2

Survey Respondents - Group Breakdown			
	Category:	n	%
Panel Group 4	Community Resident Panel Members	56	32%
Panel Group 3	Community Organization Employee Panel Members	50	29%
Panel Group 2	Healthcare Provider Panel Members	35	20%
Panel Group 1	Medicaid or Uninsured Panel Members	32	19%
		173	100%



- Panel Group 4 | Community Resident Panel Members
- Panel Group 3 | Community Organization Employee Panel Members
- Panel Group 2 | Healthcare Provider Panel Members
- Panel Group 1 | Medicaid or Uninsured Panel Members

Survey Respondents - County Breakdown		
Category:	% Live In	% Work In
Broome County	31%	33%
Tompkins County	15%	17%
Cortland County	11%	11%
Tioga County	8%	5%
Chemung County	7%	6%
Chenango County	7%	7%
Schuyler County	6%	11%
Steuben County	6%	5%
Delaware County	4%	4%
Other	5%	1%

Note: Respondents can join the panel if they work or live in one of the counties listed above. Additionally, not all current panel members have provided county information.

Background and Methodology
Executive Summary
Survey Results
Appendix

Care Compass Network Panel
Community Engagement Research
Cultural Competency Survey (January Panel Engagement)
December 7th, 2015

**FOR MEDICAID AND UNINSURED COMMUNITY MEMBERS (PANEL GROUP 1)
AND COMMUNITY MEMBERS (PANEL GROUP 4)**

Subject Line: Do you like your doctor?

Email:

Thank you for your participation!

This month, we want to understand your relationship with your doctor!

Please click here to take the survey: [Insert survey link]

The survey will take about 3 minutes to complete, and the results will remain private and nameless. At the end of the survey, you will be able to enter a raffle to win one of five separate \$10 Amazon gift cards.

The information you provide will assist Care Compass Network, in association with the Delivery System Reform Incentive Payment (DSRIP) program, in developing effective healthcare services for the region. Research & Marketing Strategies, Inc. (RMS), an independent market research firm, will be managing the responses. If you have any questions or comments, send an email to: EmilyP@RMSresults.com or call: 1-866-567-5422 and reference the Care Compass Network Panel.

Do you know anyone like yourself who may be interested in joining the Care Compass Network Panel? Feel free to send your friends and family the following sign up link:
www.rmsresults.com/survey/healthcarepanel

SURVEY:

1. **Based on your experience with local healthcare providers have you or a household family member experienced the following? Select all that apply. Randomize.**
 - a. Feelings of being insulted or being treated rudely
 - b. Fear of contacting the healthcare provider, office, or hospital
 - c. Confusion about appointment or treatments
 - d. Feeling unwelcome, unwanted, and not valued
 - e. Poorer services and/or treatment than others
 - f. Other (Please specify.)
 - g. None of the Above (Exclusive.)

2. **(IF SELECTED A-F) I feel this experience was because of... Select all that apply. Randomize.**
 - a. A disability or perceived disability
 - b. My or my family member's health insurance, or lack of health insurance
 - c. My or my family member's sexual orientation
 - d. My or my family members race or ethnicity

- e. My or my family member's income
 - f. My or my family's religious beliefs
 - g. The place where I or my family lives
 - h. The primary language I speak or the language I speak at home
 - i. The way I or my family member expresses gender
 - j. Substance use
 - k. Other (Please specify.)
4. (IF SELECTED A-F) Was this experience recent (i.e. within the last 3 years)? Select one.
- a. Yes
 - b. No
5. What is your primary language? Open-ended.
-
6. Does your healthcare provider communicate in the language you prefer to use? Select one.
- a. Yes
 - b. No
7. (IF PROVIDER DOES NOT USE PREFERRED LANGUAGE) Have you been offered interpretation or translation services? Select one.
- a. Yes
 - b. No
8. Fill in the blank: I _____ understand my health goals after seeing a healthcare provider. Select one.
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Usually
 - e. Always
9. Fill in the blank: I _____ know what steps need to be taken to achieve my health goals after seeing a healthcare provider. Select one.
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Usually
 - e. Always
10. On a scale of 1 to 5, with 1 being 'Not at all important' and 5 being 'Very important,' how important is it that your healthcare provider(s) consider(s) your cultural needs? Select one.
- | | | | | | |
|----------------------|---|---|---|---|----------------|
| Not at all important | | | | | Very important |
| 1 | 2 | 3 | 4 | 5 | |
11. (IF Q10 IS SCORED 2 OR HIGHER) Do you feel your healthcare provider(s) consider(s) your cultural needs? Select one.
- a. Yes

b. No (Why do you feel this way?)

12. Do you feel your healthcare provider(s) consider(s) your language needs? Select one.

a. Yes

b. No (Why do you feel this way?)

13. On a scale of 1 to 5, with 1 being 'Not at all important' and 5 being 'Very important,' how important is it that your healthcare provider(s) consider(s) your spiritual needs? Select one.

Not at all important					Very important
1	2	3	4	5	

14. (IF Q13 IS SCORED 2 OR HIGHER) Do you feel your healthcare provider(s) consider(s) your spiritual needs? Select one.

a. Yes

b. No (Why do you feel this way?)

15. The last time you were given written materials from your healthcare provider, how well did you understand them? Select one.

a. Not at all

b. A little bit

c. Most of them

d. All of them

16. (IF SELECTED "NOT AT ALL" OR "A LITTLE BIT") Which of the following best represents why the written materials from your healthcare provider difficult to understand? Select one.

a. I cannot read well

b. I do not understand the words or their meanings

c. I did not look at the materials I was given

d. I was not given any written materials

e. Other (Please specify.)

17. Which of the following factors do you feel impacts the way your provider talks to you? Select all that apply.

a. My age

b. My educational background

c. My income

d. My health insurance

e. I live in a rural area

f. I live in a suburban area

g. I live in an urban area

h. None of the above (Exclusive.)

18. Do you have any additional comments? Open-ended. (Optional)

19. Would you like to be entered into a raffle to win one of five separate \$10 Amazon gift cards? [Winners are drawn at the end of the month] Select one.

- a. Yes
- b. No

20. (IF ENTERED SWEEPSTAKES) Sweepstakes winners will be chosen at random and will be notified via email and phone. Please provide the following information so you may be contacted if you win. This contact information will not be connected to your survey responses, and will remain confidential. Open-ended.

First name:	
Last name:	
Telephone number:	
Email:	

On behalf of Care Compass Network and Research & Marketing Strategies, Inc. (RMS), thank you for your time today!

Please click the **red submit** button below to send your survey responses.

SURVEY FOR HEALTHCARE PROVIDERS (PANEL GROUP 2)
AND COMMUNITY ORGANIZATION EMPLOYEES (PANEL GROUP 3):

Subject Line: We Need Your Feedback - Office Training

Email:

Thank you for your participation!

This month, we want to understand training processes in place at your office.

Please click here to take the survey: [Insert survey link]

The survey will take about 3 minutes to complete, and the results will remain private and nameless. At the end of the survey, you will be able to enter a raffle to win one of five separate \$10 Amazon gift cards.

The information you provide will assist Care Compass Network, in association with the Delivery System Reform Incentive Payment (DSRIP) program, in developing effective healthcare services for the region. Research & Marketing Strategies, Inc. (RMS), an independent market research firm, will be managing the responses. If you have any questions or comments, send an email to: EmilyP@RMSresults.com or call: 1-866-567-5422 and reference the Care Compass Network Panel.

Do you know anyone like yourself who may be interested in joining the Care Compass Network Panel? Feel free to send your friends and family the following sign up link:
www.rmsresults.com/survey/healthcarepanel

SURVEY:

1. Does your organization have Cultural Competency and/or Health Literacy training? Select one.
 - a. Yes

- b. No
- 2. (IF HAS TRAINING) What is the format of this training? Select all that apply.
 - a. Online
 - b. In person
 - c. Open forum discussion
 - d. Other (Please specify.)
- 3. (IF HAS TRAINING) How frequently does your organization require you to complete this training? Select one.
 - a. Annually
 - b. Upon hire only
 - c. Not required
 - d. Unsure
 - e. Other (Please specify.)
- 4. Does your organization have a Cultural Competency and/or Health Literacy Committee? Select one.
 - a. Yes, a Cultural Competency Committee only
 - b. Yes, a Health Literacy Committee only
 - c. Yes, both a Cultural Competency and Health Literacy Committee (either two separate committees or a single committee with both functions)
 - d. No, neither
 - e. I don't know
- 5. (IF YES) How often does this committee meet? Select one.
 - a. Annually
 - b. Quarterly
 - c. Monthly
 - d. Unsure
 - e. Other (Please specify.)
- 6. Does your organization have a Cultural Competency and/or Health Literacy Plan? Select one.
 - a. Yes
 - b. No
 - c. I don't know
- 7. (IF YES) How often does this plan get updated? Select one.
 - a. Annually
 - b. Unsure
 - c. Other (Please specify.)
- 8. Has your organization ever evaluated its distributed materials to ensure they are written at a 6th grade reading level, and are easy to understand and act on? Select one.
 - a. Yes
 - b. No
 - c. I don't know
- 9. Does your organization offer in person interpreters or a language line? Select one.

- a. Yes
- b. No
- c. I don't know

10. Does your organization offer written translation services? Select one.

- a. Yes
- b. No
- c. I don't know

11. Does your organization self-evaluate adherence to cultural competency (i.e. through the Nathan Kline Assessment Survey or another similar method)? Select one.

- a. Yes
- b. No
- c. I don't know

12. (IF SELF-EVALUTES) How often does this self-evaluation occur? Select one.

- a. Annually
- b. Unsure
- c. Other (Please specify.)

13. (IF SELF-EVALUTES) On a scale of 1 to 5, with 1 being 'no effect' and 5 being 'major effect,' to what degree do the following factors affect the approach you use to serve clients? Select one for each.

Factor	No effect		Major effect		
a. Their age	1	2	3	4	5
b. Their educational background	1	2	3	4	5
c. Their income	1	2	3	4	5
d. They live in a rural area	1	2	3	4	5
e. They live in a suburban area	1	2	3	4	5
f. They live in an urban area	1	2	3	4	5

14. Would you like to be entered into a raffle to win one of five separate \$10 Amazon gift cards? [Winners are drawn at the end of the month] Select one.

- a. Yes
- b. No

15. (IF ENTERED SWEEPSTAKES) Sweepstakes winners will be chosen at random and will be notified via email and phone. Please provide the following information so you may be contacted if you win. This contact information will not be connected to your survey responses, and will remain confidential. Open-ended.

First name:	
Last name:	
Telephone number:	
Email:	

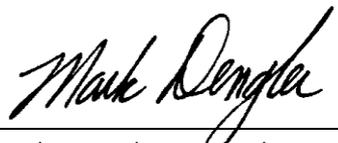
On behalf of Care Compass Network and Research & Marketing Strategies, Inc. (RMS), thank you for your time today!

Please click the **red submit** button below to send your survey responses.

The information contained in this study has been obtained from primary sources and/or was furnished directly from the clients listed in this report. All source materials and information so gathered and presented herein are assumed to be accurate, but no implicit or expressed guarantee of data reliability can be assumed. This study has been prepared in the interest of a fair and accurate report, and therefore all of the information contained herein, and upon which opinions have been based, have been gathered from sources that Research & Marketing Strategies, Inc. (RMS) considers reliable.

RMS staff has reviewed and inspected the primary data results obtained from the surveyed individuals from the client. RMS has no undisclosed interests in the subject for which this analysis was prepared, nor does RMS have a financial interest in the client other than as a contracted vendor for this research. RMS' employment and compensation for rendering this research is not contingent upon the values found or upon anything other than the delivery of this report for a pre-determined fee.

The findings of this market study are indicators of the current opinions and perceptions of the surveyed individuals based on the designed methodology. They do not guarantee product or service success, but are to be considered a tool to supplement management activities. The contents of this study are for limited private use only. Possession of this report, or a copy thereof, does not carry with it the right of publication nor may it be used other than for its intended use by anyone other than the client, without the prior written consent of the client or RMS. No change of any item in this study shall be made by anyone other than RMS. Furthermore, RMS shall have no responsibility if any such change is made without its prior approval.

Certified by: 
Mark Dengler, President
Research & Marketing Strategies, Inc.

Date: January 28th, 2016



Email: EmilyP@RMSresults.com

Phone: 1 866 567 5422

Web: www.RMSresults.com

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Cultural Competency Committee

Friday, November 13, 2015

11:30am – 12:30pm

607-762-3725 Access Code 1234 (Chair Pin, AB Only, 4321)

Agenda Item	Discussion Points	Decision/Action
Agenda Item 1	Review Meeting Minutes	
Agenda Item 2	Update on Partner Organization Contracting as it pertains to distribution of the CCC Letter re: NKAS survey and CC/HL trainings.	
Agenda Item 3	Update on Cultural Competency Workload – CCN Workforce/CCHL position posted. HWApps meeting summary Binghamton University – Civic Engagement, Human Development, MPA program (Joann Lindstrom)	
Agenda Item 4	Statewide CC/HL Workgroup meeting summary	
Agenda Item 5	RMS Panel – Patient Engagement Surveys Approve Draft for submission	

This meeting involves organizations which compete with each other. This meeting, including all formal and informal discussions, shall be conducted in full compliance with federal and state antitrust laws. Except for purposes of the DSRIP program, there shall be no discussion of prices or price levels, bidding or markets; there shall be no agreement or understanding between or among competing organizations to limit competition. The antitrust laws promote and protect competition. Following this meeting, each of our organizations shall continue to independently and vigorously compete with each other.

CARE COMPASS NETWORK

Agenda Item	Discussion Points	Decision/Action
Agenda Item 6	Project Reviews: → Behavioral Projects Discussion E. Pape (A. Wilmarth, N. Frank, S. Romanczuk) → PAM Survey/Project 2di “Project 11” Discussion R. Mott (A. Gecen)	
Agenda Item 7	Review Care Compass Network “About out PPS” Pamphlet	

This meeting involves organizations which compete with each other. This meeting, including all formal and informal discussions, shall be conducted in full compliance with federal and state antitrust laws. Except for purposes of the DSRIP program, there shall be no discussion of prices or price levels, bidding or markets; there shall be no agreement or understanding between or among competing organizations to limit competition. The antitrust laws promote and protect competition. Following this meeting, each of our organizations shall continue to independently and vigorously compete with each other.