

Maryland Health Disparities Collaborative

Cultural and Linguistic Competency Workgroup

A list of cultural, linguistic, and health literacy competency standards recommended for inclusion in Health Enterprise Zone (HEZ) applications.

Background: Standards and assessment tools to address health care equity and cultural competence, at both the organizational and practitioner levels, have been developed by several national accreditation organizations and academic institutions and are based on research evidence to support the feasibility of the standards. Standards have been developed and recommended by such entities as the U.S. Department of Health and Human Services, Office of Minority Health (CLAS Standards); the National Quality Forum; the National Committee for Quality Assurance; and the Joint Commission.

Existing recommended standards address a range of issues including assessment of health disparities; race, ethnicity and language data collection; access and availability of language services; patient-provider communication; community engagement; workforce diversity and training; managerial and operational supports; and care delivery. These existing, nationally-recognized standards provide a sound basis for establishing cultural, linguistic, and health literacy criteria for inclusion in Health Enterprise Zone applications.

Recommended Cultural and Linguistic Competency Standards for Inclusion in Health Enterprise Zone Applications

Community Engagement

1. Does the HEZ applicant describe how it will engage the community in HEZ outreach efforts?
2. Has or will the proposed HEZ applicant seek community participation in determining the array of services offered and the manner in which services will be provided and evaluated? If so, is the (proposed) strategy for feedback realistic?
3. Does the HEZ applicant demonstrate knowledge of the demographics, health care needs, and cultural, linguistic, and social determinants of health and behavioral health characteristics within the community to be served?
4. Does the HEZ applicant propose a strategy for addressing barriers to service access and treatment adherence that may result from the effect of cultural, linguistic, and social determinants of health and behavioral health characteristics within the community (i.e., cultural differences in treatment seeking; limited health and behavioral health literacy; limited English proficiency; transportation limitations)?

5. Do the range and capacity of the proposed HEZ's services reflect the needs of the community?

Patient-Provider Communication and Language Services

1. Does the HEZ applicant discuss strategies for assessing patient health and behavioral health literacy needs and providing staff with appropriate tools for addressing such needs?
2. Does the HEZ applicant propose strategies to ensure the provision of services, verbal and written information (including signage), and educational materials in the languages of the community being served?
3. Does the HEZ applicant specify what methods will be used to inform patients of their right to receive language assistance services at no cost to the patient or family?
4. Does the HEZ applicant describe the systems or strategies that it has or will put in place to provide qualified language interpretation services to limited English proficient patients?
 - o Qualified medical interpreters
 - o Qualified or trained bilingual staff
 - o Telephonic, remote, video or other means of interpretation
5. Does the HEZ applicant propose strategies for continually assessing and improving patient- and family-centered communication?

Workforce Diversity and Training

1. Does the HEZ applicant describe the composition of existing staff (in terms of gender, race, ethnicity, and linguistic capabilities) which reflect the community to be served?
2. Does the HEZ applicant propose strategies for hiring and retaining staff at all levels who are from within the HEZ community?
3. Does the HEZ applicant describe its practices to help ensure that its staff members have the appropriate knowledge and skills to deliver services in a culturally competent manner?

4. Does the HEZ applicant describe how it will provide cultural competency training for both its clinical and non-clinical staff?
5. Does the HEZ applicant describe other trainings, practices, protocols, and policies that support a culturally-competent workplace (i.e., diversity training, Title VI and EEOC protocols, etc.)?

Managerial and Operational Supports

1. Does the proposed HEZ clearly outline goals, policies, operational plans, and management accountability mechanisms that reflect the need to provide culturally and linguistically appropriate services?
2. Does the proposed HEZ describe whether it has performed an assessment of the organization's cultural competency?
 - o If yes, does the applicant discuss what assessment tool was used and what were the results?
 - o If yes, does the applicant provide a copy of the action plan created to address any deficiencies/areas of improvement?

Care Delivery

1. Does the HEZ applicant describe plans for creating or adapting a care delivery physical environment that is representative of the cultures in the community being served?
2. Are or will the HEZ applicant's facilities be accessible by public transportation, and will they be accessible to persons with disabilities?
3. Does the HEZ applicant describe what processes it has or will have in place to promote service utilization (i.e., appointment reminder calls; walk-in appointments; expanded service hours; transportation assistance; service delivery sites in a variety of community-based settings)?
4. Does the proposed HEZ describe a strategy for incorporating relevant cultural healing traditions and informal community supports that may enhance the comprehensiveness of and satisfaction with services provided, such as the use of traditional folk healers and/or alternative medicine?

Data Collection

1. Does the proposed HEZ collect race data for its patients?
 - o If yes, what categories are used?
 - o Is this data available to the clinician during the patient encounter?

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2. Does the proposed HEZ collect ethnicity data, e.g. Hispanic/Latino, for its patients? (Note: It would be a plus if the HEZ collected more granular ethnicity data).
 - If yes, what categories are used?
 - Is this data available to the clinician during the patient encounter?
3. Does the proposed HEZ collect language data for its patients?
 - If yes, what categories are used?
 - Is this data available to the clinician during the patient encounter?
4. Does the proposed HEZ stratify performance measures, such as Joint Commission ORYX measures or HEDIS measures, by **gender, race, ethnicity, and language**?
 - If yes, what measures are stratified under each of these variables?
5. Does the proposed HEZ stratify patient experience data, such as CAHPS (Consumer Assessment of Healthcare Providers and Systems) data, by **gender, race, ethnicity and language**?
 - If yes, please specify which of these variables are used to stratify patient experience data.

References

National Quality Forum. (2009) “Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competence: A Consensus Report”. Available at:
http://www.qualityforum.org/Publications/2009/04/A_Comprehensive_Framework_and_PREFERRED_Practices_for_Measuring_and_Reporting_Cultural_Competency.aspx

Smedley, Brian et al (ed.). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: Institute of Medicine, 2002.

U.S. Department of Health and Human Services, Office of Minority Health. (2001) “National Standards for Culturally and Linguistically Appropriate Services in Health Care”. Available at:
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. (Revised HHS/OMH standards will be released later in 2012.)