

MARYLAND LOAN REPAYMENT PROGRAMS (MLRP)

Cultural Competency Requirements Aid for MLRP Practice Sites

As part of the Maryland Loan Repayment Programs agreement, participants' practice sites are required to complete an organizational assessment tool related to their implementation of the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by U.S. Health and Human Services: <https://thinkculturalhealth.hhs.gov/clas>. **If practice sites have completed an assessment through some other means, proof of completion can be submitted to MLRP utilizing the Cultural Competency Training and Assessment form in the Participant Renewal Packet. Sites can also utilize the questions noted below to serve as the assessment or complete the survey found at: <https://www.surveymonkey.com/r/QMMXH58>. Completion using one of these tools should also be noted via the Cultural Competency Training and Assessment form in the Participant Renewal Packet.**

For technical assistance or questions, please contact the MLRP office:

Phone: 410-767-6123

E-mail: mdh.loanrepaymentprograms@maryland.gov

Please provide narrative responses to the following questions:

A. Community Engagement

1. What strategies are currently used to ensure that the range and capacity of services at the practice site reflect the needs of the community?
2. In what ways does the community participate in determining the array of services and the manner in which services are delivered and evaluated?
3. What strategies are used to address potential barriers to service access and treatment adherence that may result from the effect of cultural, linguistic, and social determinants of health characteristics within the community (e.g., cultural differences in treatment seeking; limited health and behavioral health literacy; limited English proficiency; transportation limitations)?

B. Patient-Provider Communication and Language Services

1. What strategies are used to assess patient health literacy?
2. What tools do staff and/or clinicians use to help address health literacy needs?
3. What strategies are used to ensure the provision of services, verbal and written information (including signage), and educational materials in the languages of the community being served?
4. What methods are used to provide language interpretation services to limited English proficient patients?
5. What methods are used to inform patients of their rights to receive language assistance services at no cost to the patient or family?
6. What strategies are in place for continually assessing and improving patient- and

family-centered communication?

C. Workforce Diversity and Training

1. What particular strategies are in place to hire staff that reflect the diversity of the community being served (in terms of gender, race, ethnicity, and linguistic capabilities)?
2. Are there any particular staff recruitment initiatives that focus on hiring and retaining staff at all levels that are from the surrounding community? If so, please describe.
3. What strategies are in place to help ensure that all staff members (both clinical and non-clinical) have the appropriate knowledge and skills to deliver services in a culturally competent manner?
4. Please describe any trainings, practices, protocols, and policies that have been put in place to support a culturally-competent workplace (e.g., cultural competency training, diversity training, Title VI and EEOC protocols, etc.).

D. Managerial and Operational Supports

1. In what ways do the organization's goals, policies, operational plans, and management accountability mechanisms reflect the need to provide culturally and linguistically appropriate services?
2. Have any previous organizational cultural competency assessments been conducted? If yes, what assessment tool was used?

E. Care Delivery

1. In what ways has the organization created a physical environment that is representative or accommodating to the cultures in the community being served?
2. How accessible is the organization to public transportation and to persons with disabilities?
3. What strategies are used to promote service utilization (e.g., appointment reminder calls; walk-in appointments; expanded service hours; transportation assistance; service delivery sites in a variety of community-based settings)?
4. What additional cultural healing traditions and informal community supports are used to enhance the comprehensiveness of and satisfaction with services provided?

F. Data Collection

1. Is patient race data collected?
 - a. If yes, what categories are used?
 - b. Is this data available to the clinician during the patient encounter?
2. Is patient ethnicity data collected (e.g., Hispanic/Latino)

- a. If yes, what categories are used?
 - b. Is this data available to the clinician during the patient encounter?
3. Is patient language data collected?
 - a. If yes, what categories are used?
 - b. Is this data available to the clinician during the patient encounter?
4. Are clinical performance measures stratified by gender, race, ethnicity, and language?
 - a. If yes, what measures are stratified under each of these variables?
5. Is patient experience data, such as CHAPS (Consumer Assessment of Healthcare Providers and Systems) collected?
 - a. If yes, is patient experience data stratified by gender, race, ethnicity and/or language?

This questionnaire will be submitted through Survey Monkey. A link will be provided to sites with awarded applicants to complete the survey.

References

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. "National Standards for Culturally and Linguistically Appropriate Services in Health Care". Available at: <https://thinkculturalhealth.hhs.gov/clas>