Maryland Health Disparities Collaborative

Cultural and Linguistic Competency Workgroup

Report on Secretary's Request for Assistance

(Part I)

June 20, 2012

Maryland Health Disparities Collaborative

Cultural and Linguistic Competency Workgroup

Report on Secretary's Request for Assistance (Part I)

Secretary Sharfstein's Request to the Workgroup for July 2012:

- By July 1, make recommendations on the format of reporting for higher education institutions on their actions to address disparities.

Additional Assistance Initiated by the Workgroup:

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

Contents of the Workgroup Response:

1. **Reporting Format on Health Disparities-Reduction Activities by Higher Education Institutions with Health Professional Training Programs**
2. **Checklist of Cultural, Linguistic, and Health Literacy Competency Standards for Evaluation of Health Enterprise Zone Applications**
3. **References**
4. **List of Workgroup Members**

Reporting Format on Health Disparities-Reduction Activities by Higher Education Institutions with Health Professional Training Programs

Background: In 2008, Health-General § 20-1004(15) ("Health Disparities – Institutions of Higher Education – Report") was signed into law. The statute required universities, colleges, and higher education programs of dentistry, medicine, nursing and pharmacy to report on their respective courses and clinical experiences that: (1) relate to cultural competency, sensitivity, and health literacy and; (2) are designed to address the problem of health disparities in health care access, utilization, treatment decisions, quality, and health outcomes. The report was a one-time requirement that provided a general illustration of the landscape of cultural competency training in Maryland's baccalaureate and graduate-level training programs in dentistry, medicine, nursing and pharmacy. Overall, analysis of the reports submitted by the programs found significant variation among them in the extent of course offerings that address cultural competency, health literacy, and health disparities. When submitting their reports, several of the health profession programs provided suggestions for making the reporting more constructive, including suggestions to collect data to measure the increase in knowledge and cultural awareness and sensitivity of students, and identifying appropriate tools for measuring such knowledge and awareness.

On May 22, HB 679 ("Cultural and Linguistic Health Care Professional Competency Program") was signed into law. One of the provisions of the law reinstates the language of the 2008 statute (Health-General § 20-1004(15)) described above, again requiring a one-time report from health profession training programs on their courses that address cultural competency and issues related to cultural sensitivity, health literacy, and health disparities. However, this recent law goes beyond programs of dentistry, medicine, nursing, and pharmacy to include public health, social work, and allied health. The report is due December 1, 2012. **The HB 679 report is separate from the annual report on health disparities-reduction activities required by the Maryland Health Improvement and Disparities Reduction Act of 2012**.

Recommendation 1: Consolidate the institution of higher education reporting requirements found in both the Maryland Health Improvement and Disparities Reduction Act of 2012 and HB 679 so that the information for the two reports are submitted by each health profession training program as a single document. [The reporting requirement in the Disparities Reduction Act is an annual requirement, while the HB 679 report is a one-time requirement. However, it might be expected that institutions of higher education would want to continue reporting the HB 679 information, so that it would count toward their disparities reduction activities that are to be reported under the Disparities Reduction Act.]

Recommendation 2: Consider a reporting format such as the draft template illustrated below. [The template includes questions relevant to both the Maryland Health Improvement and Disparities Reduction Act and HB 679.]

REPORT – INSTITUTIONS OF HIGHER EDUCATION: CULTURAL COMPETENCY TRAINING AND OTHER HEALTH DISPARITIES REDUCTION ACTIVITIES

UNIVERSITY NAME

Degree program and level: [example: Nursing (associate's degree)]

1) How does your health profession degree program incorporate instruction on cultural competency, health literacy, and health disparities?

2) Which specific courses, clinical experiences, field training and other academic activities have a special emphasis on health disparities, cultural competency, cultural sensitivity, and/or health literacy? (Please see transmittal letter for (a) definitions and (b) examples of cultural competency education frameworks developed by health professions education accrediting organizations.)

Course Title and Content/Objectives	U/G	# of Course Credits	# of Clinical Hours	Required or Elective?	# of Enrollees

Note:
- U/G = Undergraduate or Graduate Course
- # of Enrollees = Number of course enrollees during the 2011-2012 academic year

Non-Theory Clinical Experiences (graded and/or ungraded)	Required or Elective?

Other Academic Activities (including distance learning activities, conferences, student-engaged research activities, etc.)	Required or Elective?

3) Are the following changes in student cultural competency measured (mark all that apply)?

- ☐ Changes in the knowledge
- ☐ Changes in skills
- ☐ Changes in attitudes
- ☐ Other (please specify _____)

If yes, what are the methods used to assess such changes and how often do such assessments occur? (Possible assessment methods include surveys, essays, written skill exams, clinical practice simulations, etc.)

4) Please describe results of student cultural competency assessment, such as pre- and post-intervention changes, or provide other examples of how students have demonstrated cultural competence.

5) If change is not being measured, what resources would be needed by your program to facilitate student assessments on topics related to health disparities, health literacy, and cultural competency?

6) Please provide details about your program's involvement in other health disparities-reduction activities other than cultural competency training. (Please do not restate activities previously described in Question #2.)

Health Disparities-Reduction Activities (Please provide title, description of event, and intended outcome.)	**Date**	**Target Audience**	**# of Participants**
1.			
2.			
3.			
4.			
5.			

[Note: Examples of health disparities-reduction activities may include participation in activities of the Local Health Improvement Coalition or other health disparities-related groups and committees, and faculty research not included in Question #2.]

Please provide additional pages for your responses as necessary.

References

Maryland Health-General Code Ann. § 20-1004(15).

Maryland Health-General Code Ann. § 20-904.

Checklist of Cultural, Linguistic, and Health Literacy Competency Standards for Evaluation of Health Enterprise Zone 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 evaluating Health Enterprise Zone applications.

Recommendation 3: Consider using the following list of criteria as a guide for assessing the level of cultural and linguistic competence of Health Enterprise Zone applications. It may be useful to applicants if these criteria are included as an appendix to the request for proposals. A suggested scoring rubric is also provided below, should the listed criteria be used as part of the application scoring process.

Proposed Cultural and Linguistic Competency Criteria for Evaluation of Health Enterprise Zone Applications

Scoring Rubric:

1: Beginning: Applicant does not adequately address the key elements of the criterion
2: Emerging: Applicant demonstrates a limited degree of competence
3: Satisfactory: Applicant demonstrates a satisfactory degree of competence
4: Proficient: Applicant demonstrates a high degree of competence

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?
    - Qualified medical interpreters
    - Qualified or trained bilingual staff
    - 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?
    - If yes, does the applicant discuss what assessment tool was used and what were the results?
    - 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?
    - If yes, what categories are used?
    - Is this data available to the clinician during the patient encounter?

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.)

Cultural and Linguistic Competency Workgroup - List of Workgroup Members

Name	Organization
Austin, Sandra	Morgan State University, School of Social Work
Bohrer Brown, Pamela	Baltimore Medical System
Braun, Bonnie	Department of Family Science, School of Public Health, UMD
Carnahan, Rebecca	Arthritis Foundation
Carter Pokras, Olivia	UMD SPH
Chung, Elizabeth	The Learning Institute for Enrichment and Discovery, Inc. (LIFE & Discovery)
Dashiell, Terrie	Community Health Education, Lifebridge Health
Davis, Danielle	Maryland Health Benefit Exchange
Dunmeyer, Ines	
Fields, Kisha	Maryland Board of Examiners of Optometry
Foletia, Bako	
Garcia, Katherine	Center for health Literacy, University of Maryland
Gibbs, Brian	Johns Hopkins University
Gold, Robert	University of Maryland School of Public Health
Green, Denesecia	Centers for Medicare & Medicaid Services
Hackshaw, Bibi	Esperanza Center
Henson, Sonya	
Hiner, Kimberly	Maryland Office of Minority Health and Health Disparities
Howard, Sylvette	
Hussein, Carlessia	Maryland Office of Minority Health and Health Disparities
Jackson Bowen, Darlene	University of Maryland Eastern Shore
Jacobs, Donna	Government and Regulatory Affairs, University of Maryland Medical System
Joseph, Malcolm III (Vice Chair)	CareFirst

Kenez, Dennis	
Kick, Sandy	**Maryland Women's Coalition for Health Care Reform**
Lee, Candace	
Lee, Keona	
McCann, Monica (Staff)	**Maryland Office of Minority Health and Health Disparities**
Mensah, Oscar	
Mezu, Alicia	**Maryland State Department of Education**
Mittman, Ilana (Chair)	**Johns Hopkins Bloomberg School of Public Health, Department of Epidemiology, Center to Reduce Cancer Disparities**
Nathan Pulliam, Shirley	**Maryland General Assembly**
Neels, Deborah	**University of Maryland, Baltimore**
Nussa, Caridad Morales	**Baltimore County Department of Health**
Nwabukwu, Ify Anne	**African Women's Cancer Awareness Association**
O'Neill, Tricia	**Academic Affairs, University of Maryland Baltimore**
Pesquera, Marcos	**Adventist Health Care, Center for Health Disparities**
Philipsen, Nayna	**College of Health Professions, Coppin State University**
Plasencia, Francisco	**Esperanza Center**
Powell, Lauren	**NIH- National Cancer Institute, Division of Cancer Treatment and Diagnosis, Office of the Director**
Qin, Wendy	**HCD International**
Ragsdale, Steven	**Armstrong Institute**
Reeves, Iris	**Mental Hygiene Administration**
Rivera, Maritza	**UME**
Ruey-Hwa, Lu	
Schwarz, Ellen	**Primeros Pasos, Kennedy Krieger Institute**
Scott, Jacqueline R.	**National Academy for State Health Policy**
Seagraves, Missy	**Life and Discovery**

Shah, Priyanka	**DHMH**
Smith, Andy	**Brothers United Who Dare to Care, Inc.**
Stokes-Smith, Robin R.	**Upper Chesapeake Healthlink**
Terry, Tequila	**Maryland Health Benefit Exchange**
Tschudy, Megan	**Johns Hopkins - Pediatrics, Hamet Lane Clinic**
Wilcox, Mark	**Merit*Baltimore**
Williams, Ralph	**Access to Wholistic and Productive Living Inc.**
Wilson, Cheri	**Johns Hopkins Bloomberg School of Public Health/Hopkins Center for Health Disparities**