

Cultural and Linguistic Competency in Healthcare:

A Study from North Texas Hospitals

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Introduction

Cultural and linguistic competence is widely recognized as the fundamental aspect of quality health care (including mental health), particularly for the diverse patient population. It acts as an essential strategy for reducing disparities by improving access, utilization, and quality of care. Several key drivers are instrumental in advancing cultural competence in healthcare that directly impact our hospitals and care-delivery processes:

- Title VI of the Civil Rights Act of 1964
- National Standards on Culturally and Linguistically Appropriate Services (CLAS) of the Office of Minority Health, US Department of Health and Human Services
- The Joint Commission Accreditation Standards and processes on Advancing Effective Communication, Cultural Competence and Patient-and-Family-Centered Care for 2012
- The Accountable Care Act and focus on action plan and strategy for achieving Health Equity

The North Texas region is one of the most diverse populations in the United States, yet there is still a gap between healthcare and patients. This gap is partially due to the lack of cultural and linguistic competency among healthcare workers. Anecdotally, hospitals in North Texas are addressing language and cultural needs of our diversified patient population. However, there is no data available regarding how hospitals are addressing cultural and linguistic competency in this region.

Therefore, this study was conducted to: Investigate the cultural and linguistic competency in north Texas hospitals.

Methods

- Survey was developed by Health Access and Equity Committee (HAEC) members representing North Texas hospitals
 - Approved by the North Texas Health Information and Quality Committee (NTHIQC), who approves the research methodology and the patient/hospital confidentiality protection for all research projects conducted by the DFWHC Foundation
 - On line survey was sent to all the participating hospitals
 - Completed by chief diversity officers, chief nursing officers, or similar personnel of the participating hospitals
- SPSS19 was used for data analysis.

Results

Hospital Policy

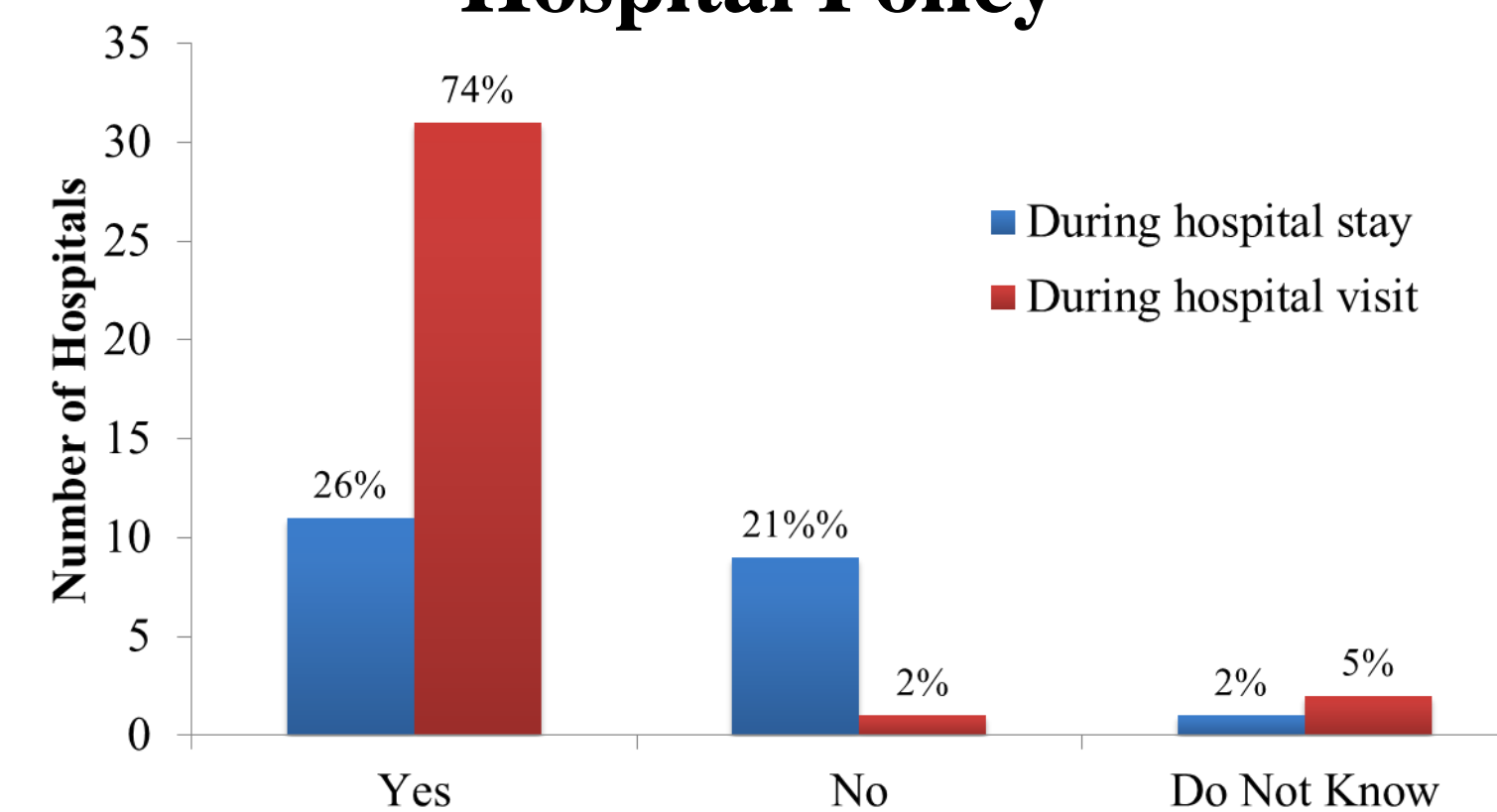


Figure1 Policy on collecting patient's preferred/primary language during their hospital stay or visit.

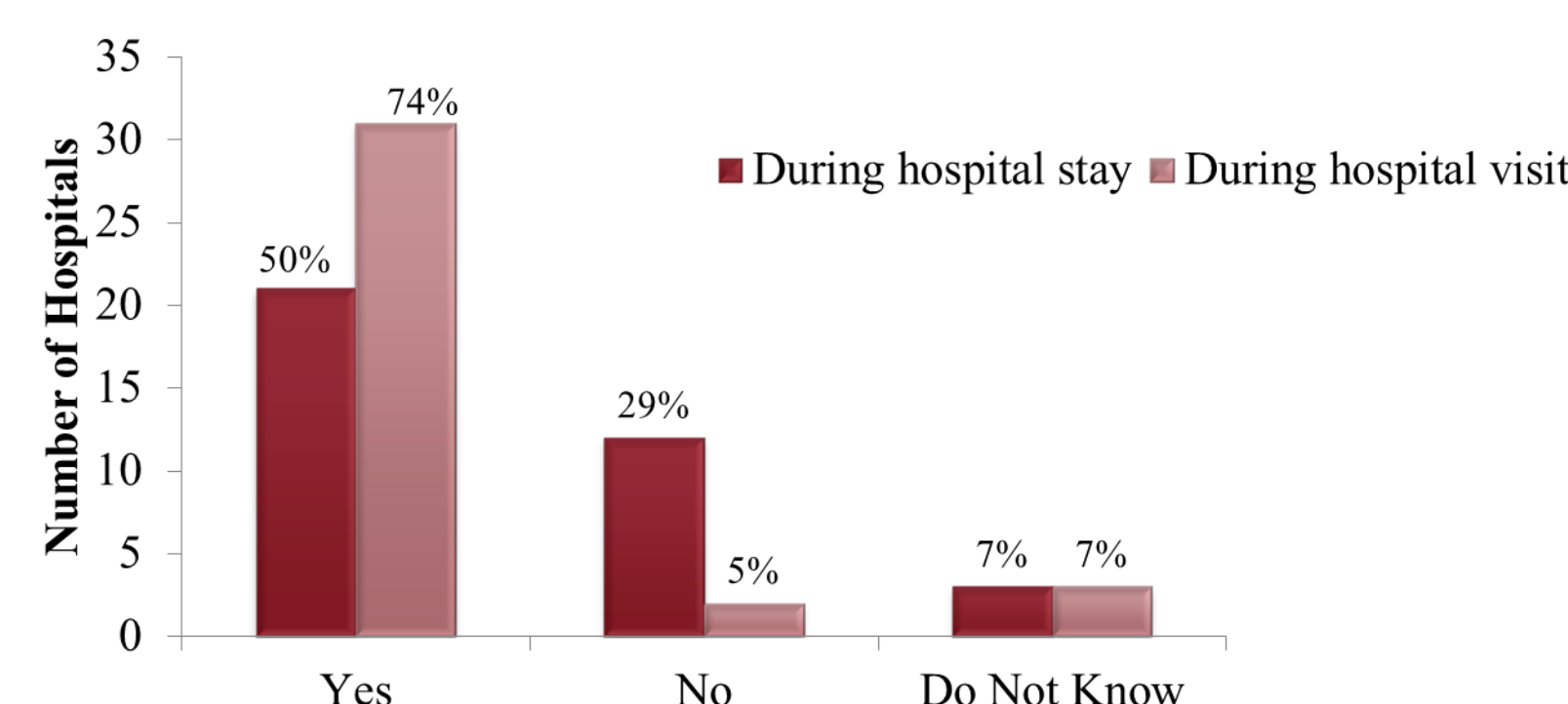


Figure2 Policy on collecting patient's race/ethnicity during their hospital stay or visit.

Information Collection on Demographics & Language

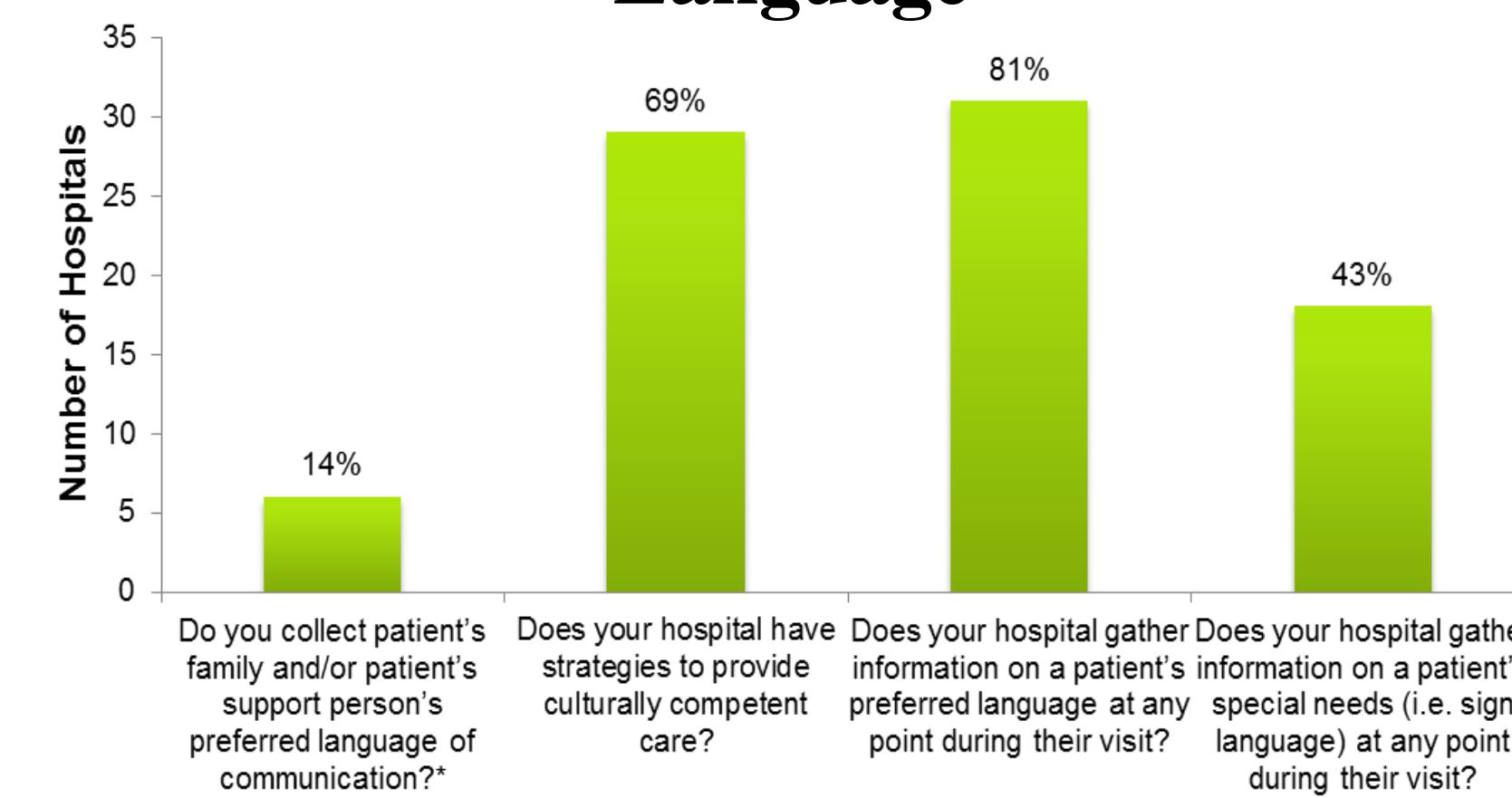


Figure3 Linguistic and cultural competency data collection by hospitals

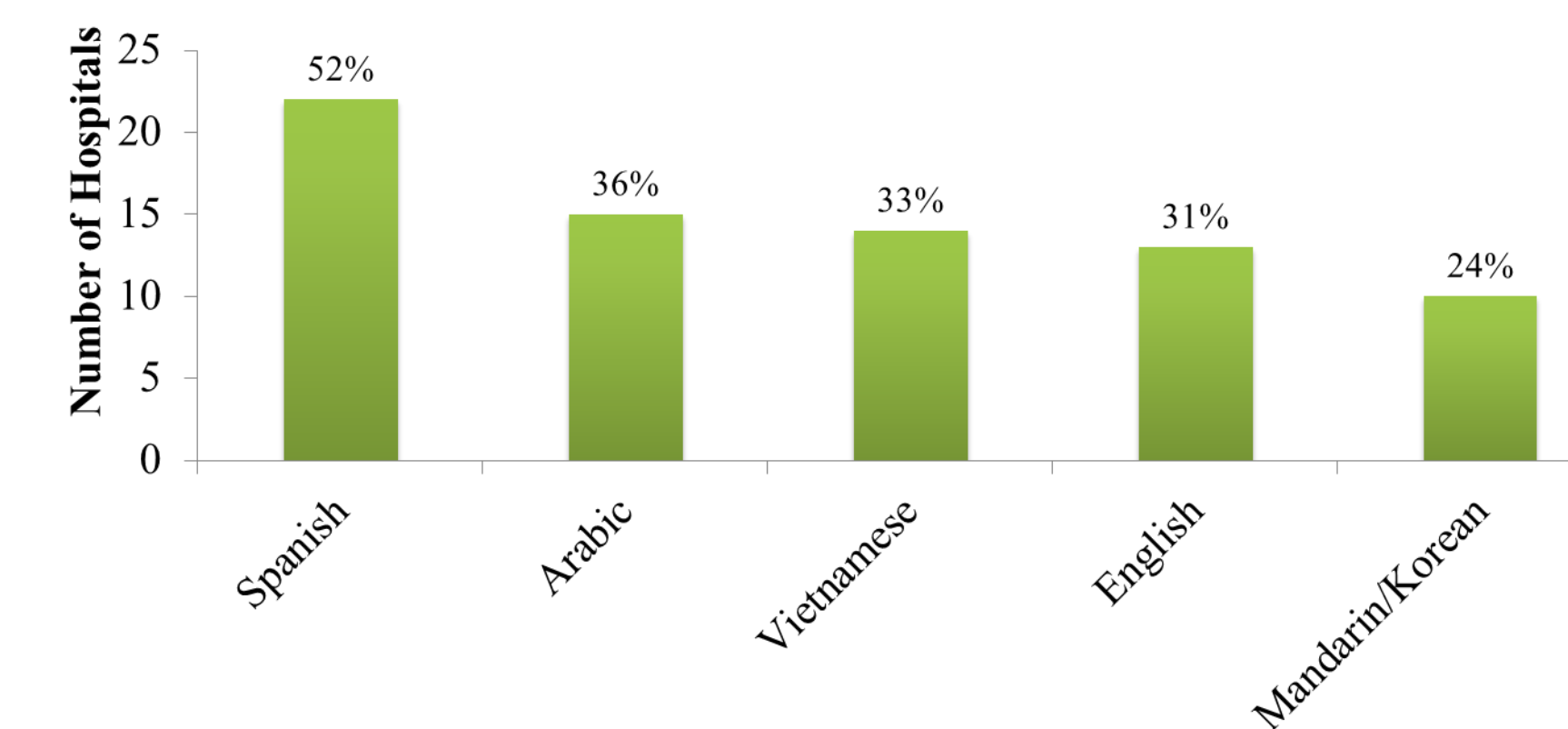
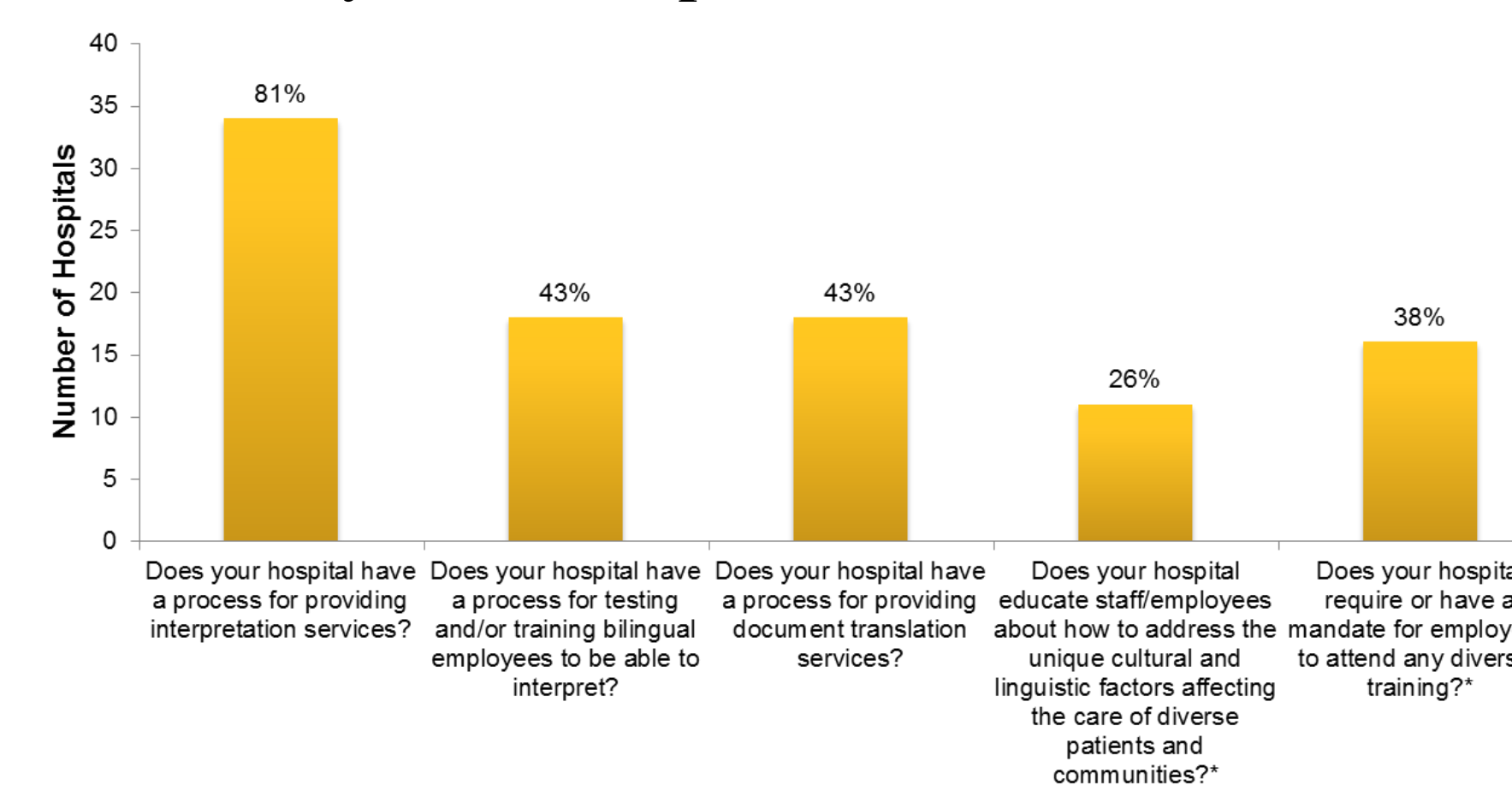


Figure4 The top 5 languages spoken by patients in the north Texas region

Education, Interpretation, & Translation Services

- 43% of hospitals translate documents to Spanish
- 7% of hospitals translate documents to Vietnamese
- 38% of hospitals track the utilization of interpretation and/or translation services
- Interpreting phone lines were the top choice for interpretation services provided by the hospital followed by ASL interpreters and others.

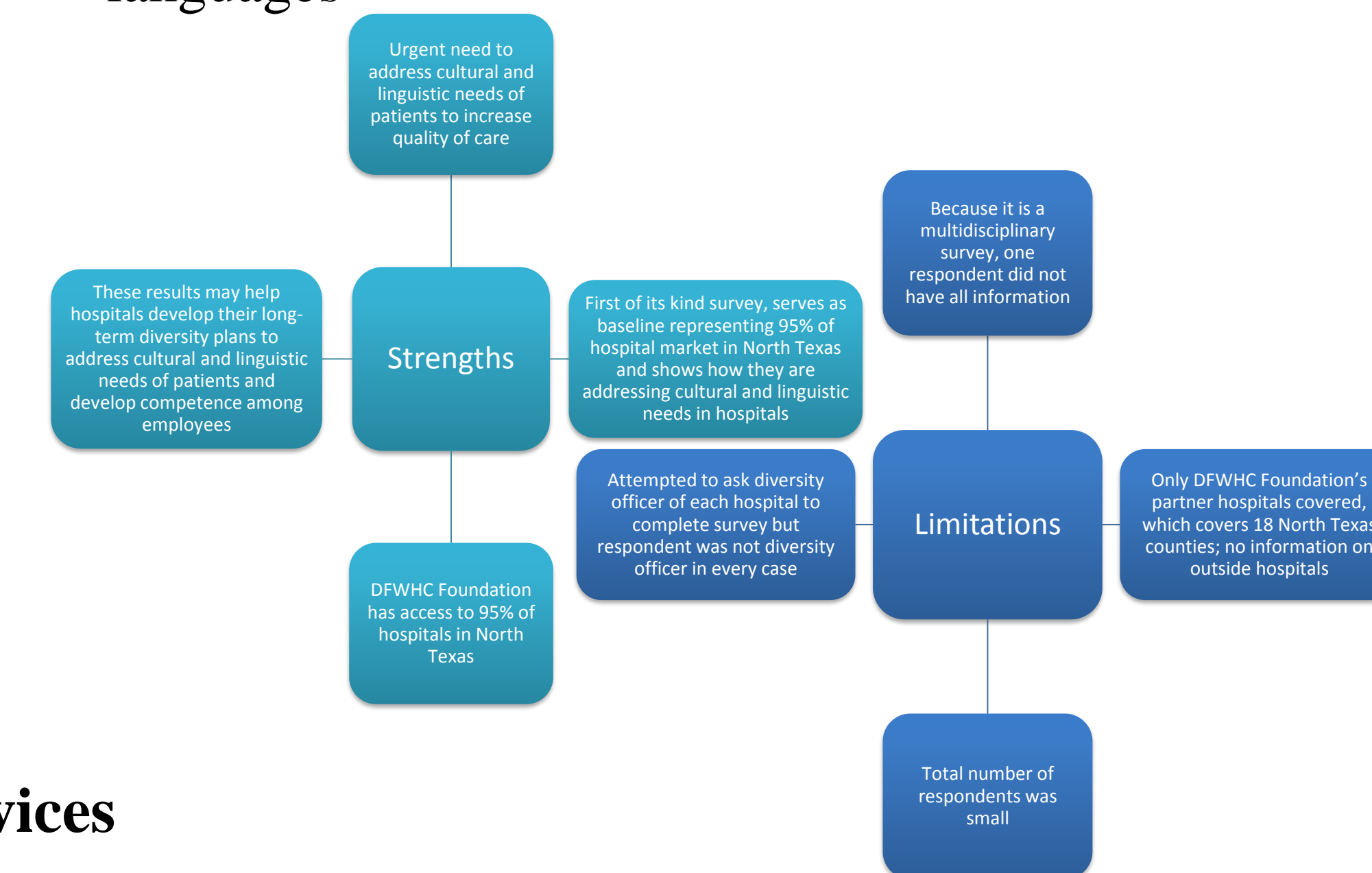


*Percentage of hospitals who have training for all employees

Figure5 Education, Interpretation, & Translation Services

Conclusions

- Hospitals are aware of the diverse population in the area.
- Although the majority of the hospitals reported providing culturally competent care, there are many gaps with interpretation and translation services.
- The top three spoken languages by patients were all foreign and less than 50% of hospitals provide document translation services for two of those top languages



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