

CULTURAL & LINGUISTIC COMPETENCE ASSESSMENT

HEALTH EQUITY WORKGROUP

New Mexico Department of Health, April 2017

INTRODUCTION

In April 2017, the New Mexico Department of Health (NMDOH), Health Equity Workgroup (HEW) conducted a Cultural and Linguistic Competence assessment throughout the Department. The purpose of the assessment was to determine how well staff feel equipped, in their workplace, to provide culturally and linguistically appropriate services. At the time of the assessment, there were approximately 3,052 staff.¹ The response rate was approximately 10%.

NMDOH is a centralized state agency made up of 8 program areas: Administrative Services Division (ASD); Public Health Division (PHD); Epidemiology and Response Division (ERD); Office of Facilities Management (OFM); Developmental Disabilities Services Division (DDSD); Division of Health Improvement (DHI); Scientific Laboratory Division (SLD); and the Medical Cannabis Program (MCP). The services and employment opportunities provided by each of the divisions vary vastly.

THE ASSESSMENT

NMDOH conducted the 2017 Cultural and Linguistic Competent Assessment through a 25-question web-based survey. For the past three years, the HEW adapted a survey originally created by the National Center for Cultural Competence.² Each year, the survey has been tweaked to meet specific needs of the Department. This year, five of the questions were dedicated to the Department's current translation services. Per the request of our partner, the Southwest Regional Health Equity Council, the HEW added two new questions intended to address the ten-health literacy attributes. The Council consists of members from Texas, Oklahoma, Louisiana, New Mexico, and Arkansas. The purpose of adding these two additional questions was to create an alliance with regional states by collecting similar data to eventually present to stakeholders.

RESULTS

Key findings from the assessment include several strengths worth highlighting. Three out of four staff stated that they feel their workplace diversity mirrors the diversity found in their community. Over half of the respondents stated that staff at all levels receive training in culturally and linguistically appropriate service delivery. Six out of ten employees stated NMDOH leadership makes health literacy essential to its mission, structure, and operations.

The HEW identified several challenges and opportunities from the responses received in the survey. For example, respondents often do not know which division they belong to, there are regional variations among programs that we were not aware of, and, and the language used in the survey was not consistently understood by staff. Many staff reported that they use untrained medical interpreters, family, and friends for non-English or Limited English proficiency persons. This is significant because the Culturally and Linguistically Appropriate Services (CLAS) standards recommend using trained interpreters and generally not to use family and friends.

¹ As of April 22, 2017, per email correspondence with Teresa Padilla, HR Director

² <https://nccc.georgetown.edu/documents/CLCPA.pdf>

Comments from respondents included that the survey read like an exam, questions were difficult to understand, and that the questions did not apply directly to them. Some staff reported difficulty applying questions to their work. Others stated they did not notice diversity in the community or their work environment. This may be a result of the significant challenge posed in finding questions that reflect the diverse work roles and environments of the Department.

RECOMMENDATIONS

The Workgroup continues to learn ways to improve and tailor the assessment to better meet the needs of our diverse staff while developing trends allowing us to track improvements and address challenges. To continue to move the essential equity work of the Department forward in a positive and engaging manner, the HEW recommends:

- Expanding the Health Equity Workgroup membership to include representation from all divisions. Having a member from each division, who is well connected to the needs and work of staff, may help make the survey more applicable to all employees.
- Continuing to evaluate whether staff who participate in culturally and linguistically appropriate services training consider the training applicable to them and the work they do.
- Creating and providing additional educational material to illustrate how health equity and inequity impact staff in their daily lives (e.g., create a short video for the New Employee Orientation trainings).
- Using plain language and defining terms in the survey.
- Maintaining the Department's commitment to providing language access for non-English or Limited English Proficiency individuals, by training bilingual staff as medical interpreters.
- Continuing to offer more training and resources addressing the health needs of and advocacy for racially, ethnically, and culturally diverse populations.

CONCLUSION

The results of this year's Cultural and Linguistic Assessment indicate the Department has an opportunity to illustrate how health equity impacts staff in their daily lives. Educating and promoting equity may help improve health outcomes and create a work environment where staff feel heard, respected, and valued. Equitable practices within the workplace may impact staff retention, engagement, and overall employee satisfaction. Employees at all levels may benefit from understanding how health equity affects daily interactions in the workplace and impacts their service delivery.

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