

**Department of Public Health and Social Services
Bureau of Family Health and Nursing Services
MCH/CSHCN Program
Cultural Competency Policy**

BACKGROUND

The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (National CLAS Standards) are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

PURPOSE

To ensure that the MCH/CSHCN Programs provide culturally responsive services.

POLICY

MCH/CSHCN Programs ensure that services are equitable to underserved, socially disadvantaged, and ethnically diverse groups which include services that are culturally and linguistically appropriate. In addition, agency staff shall participate in annual cultural competency/diversity training. This entails mandatory attendance that is recorded via sign-in / sign-out attendance log and which can be retrieved upon request.

Ethnic, cultural and linguistic factors are taken into account when overseeing patient interactions. The MCH/CSHCN Programs have awareness of the cultural characteristics of its current service populations that includes, ethnic, racial, linguistic, demographic and other characteristics.

PROCEDURE

- I. As part of the assessment/diagnosis and treatment of the patient, the following shall be considered:
 - A. Assessment and Diagnosis: The assessment/diagnosis process of culturally diverse patients shall include:
 1. A review of the patient's cultural background.
 2. The role of the cultural context in the expression and evaluation of symptoms.
 3. The understanding of how cultural differences may have on the relationship between the patient and the health provider.

B. Treatment: Treatment shall be congruent with the person-centered health home approach of which:

1. A team will work together with the patient as a partner in their health.
2. The team considers the patient's preference for linkages with traditional healers, religious and spiritual resources, alternative or complementary healing practices, natural supports, and self-help groups, except when clinically or culturally contraindicated.

C. Training: Staff shall participate in annual cultural competency/diversity training.

1. This entails mandatory attendance that is recorded via sign-in/sign-out attendance log and which can be retrieved upon request.