



Becoming a Culturally Competent Health Care Organization

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Equity of Care



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Becoming a Culturally Competent Health Care Organization

Background

This guide is part of a continuing series that will support hospitals and care systems as they work to reduce health care disparities and promote diversity in health care governance and leadership. Becoming a culturally competent health care organization is a critical component in reducing health care disparities. A recent survey by the Institute for Diversity in Health Management, an affiliate of the American Hospital Association, found that 81 percent of hospitals educate all clinical staff during orientation about how to address the unique cultural and linguistic factors affecting the care of diverse patients and communities, and 61 percent of hospitals require all employees to attend diversity training. This is a positive start, but more work needs to be done in this area.

In 2011, the American College of Healthcare Executives, American Hospital Association, Association of American Medical Colleges, Catholic Health Association of the United States, and National Association of Public Hospitals and Health Systems stood together in a call to action to eliminate health care disparities. Our focus is on increasing the collection of race, ethnicity and language preference data; increasing cultural competency training; and increasing diversity in governance and leadership.

As national partners, we are committed to these focus areas and will support quality improvement in health care through shared best practices and resources. Ensuring that all hospitals prepare their clinicians and staff to meet the care needs of all patients is an important component of an overall effort to improve equitable care and a goal of the call to action.

Introduction

Cultural competence in health care describes the ability to provide care to patients with diverse values, beliefs and behaviors, including tailoring health care delivery to meet patients' social, cultural and linguistic needs¹. A key component to new care delivery models, such as patient-centered medical homes and accountable care organizations, is the ability to engage and educate patients about their health status. While doing this is challenging with all patients, for diverse patient populations it can be even more difficult due to language barriers, health literacy gap, and cultural differences in communication styles.

It is imperative that hospitals and health care systems understand not only the diverse patients and communities they serve but also the benefits of becoming a culturally competent organization. Hospitals and care systems must prepare their clinicians and staff to interact with patients of diverse backgrounds to increase patient engagement and education and to help eliminate racial and ethnic disparities in care. To improve understanding of diverse cultures, hospitals and care systems should seek advice from individuals and groups in the communities they serve. These constituencies can help hospitals and care systems develop educational materials, increase patient access to services and improve health care literacy.

In 2013, the Office of Minority Health, U.S. Department of Health and Human Services, issued enhanced National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care, and a blueprint with guidance and strategies to help implement them. This first update to the standards since their initial release in 2000 expands upon the concepts of culture to reflect new developments and trends, and focuses on leadership and governance as drivers of culturally competent health care and health care equity². More information on CLAS Standards is available at the end of this guide.

Benefits of Cultural Competence

Cultural competence in a hospital or care system produces numerous benefits for the organization, patients and community. Organizations that are culturally competent have improved health outcomes, increased respect and mutual understanding from patients, and increased participation from the local community³. Additionally, organizations that are culturally competent may have lower costs and fewer care disparities⁴.

Figure 1. Benefits of Becoming a Culturally Competent Health Care Organization

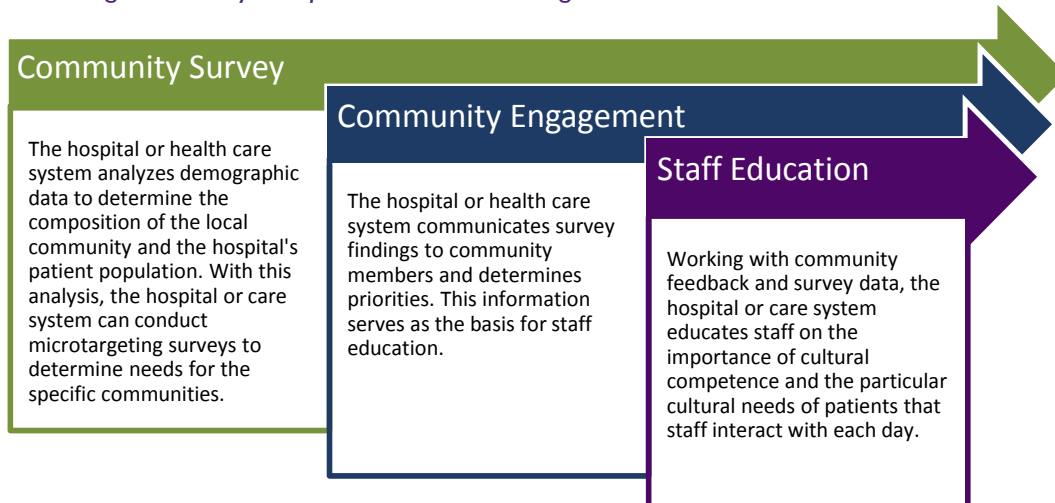
Social Benefits	Health Benefits	Business Benefits
<ul style="list-style-type: none">• Increases mutual respect and understanding between patient and organization• Increases trust• Promotes inclusion of all community members• Increases community participation and involvement in health issues• Assists patients and families in their care• Promotes patient and family responsibilities for health	<ul style="list-style-type: none">• Improves patient data collection• Increases preventive care by patients• Reduces care disparities in the patient population• Increases cost savings from a reduction in medical errors, number of treatments and legal costs• Reduces the number of missed medical visits	<ul style="list-style-type: none">• Incorporates different perspectives, ideas and strategies into the decision-making process• Decreases barriers that slow progress• Moves toward meeting legal and regulatory guidelines• Improves efficiency of care services• Increases the market share of the organization

Source: American Hospital Association, 2013.

Steps to Becoming a Culturally Competent Organization

Before a health care organization becomes culturally competent, leaders must understand the local community and the role the organization plays within the community. Steps to becoming culturally competent include (1) analyzing data and microtargeting surveys to improve service for the local community, (2) communicating survey findings to determine priorities and (3) educating staff and aligning programming and resources to meet community needs. Figure 2 highlights the process involved for a health care organization to become culturally competent.

Figure 2. *Becoming a Culturally Competent Health Care Organization*

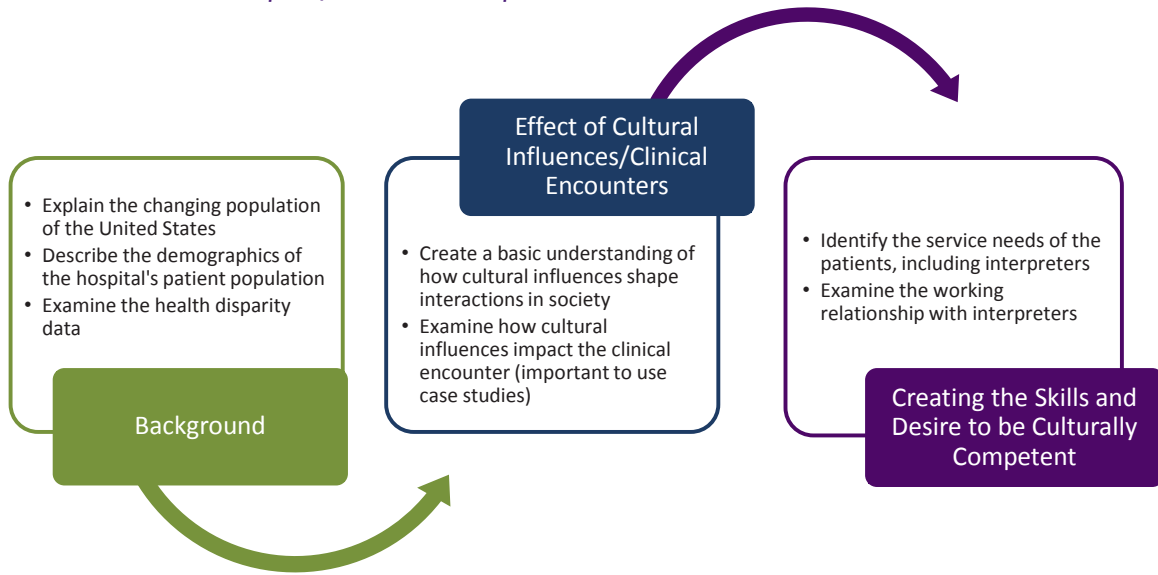


Source: American Hospital Association, 2013.

Educational Principles for Cultural Competence

Becoming a culturally competent organization requires a thorough understanding of the principles that characterize cultural competence (see Figure 3). First, staff needs to understand the factors that are pushing hospitals and care systems to become culturally competent. Hospital staff also needs to recognize and understand the cultural and clinical dynamics in interactions with patients. Becoming culturally competent involves developing and acquiring the skills needed to identify and assist patients from diverse cultures. With the necessary skills and mindset, staff can quickly identify the services required by a patient, thereby increasing positive health outcomes.

Figure 3. Educational Principles for Cultural Competence

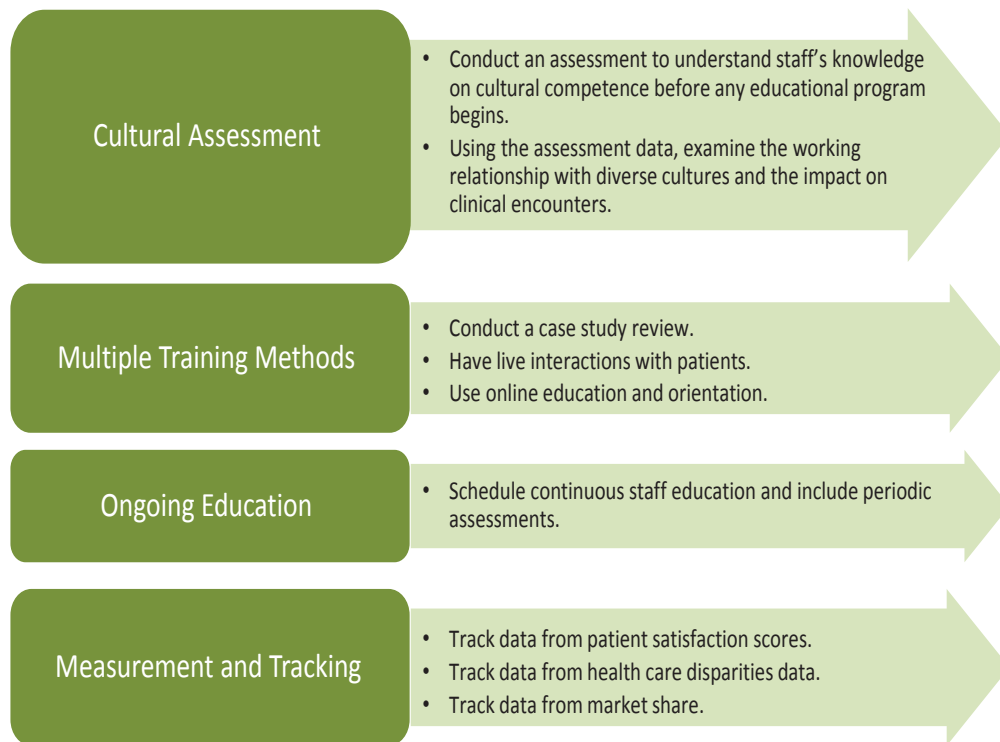


Source: American Hospital Association, 2013.

Staff Education for Cultural Competence

An effective educational or training program for cultural competence correlates with a lasting awareness and understanding by hospital staff. Although there are several approaches to educate staff, a successful educational program includes (1) cultural assessment, (2) multiple training methods, (3) ongoing education and (4) measurement and tracking (see Figure 4).

Figure 4. Staff Education for Cultural Competence



Source: American Hospital Association, 2013.

Conclusion

Hospitals and care systems must prepare their clinicians and staff to interact with patients of diverse backgrounds to increase patient engagement and education and to help eliminate racial and ethnic disparities in care. Cultural competence is needed to provide care to patients with diverse values, beliefs and behaviors. Hospitals and care systems, as part of their mission, are eager to reduce variations in care and are using a variety of efforts to train staff to become culturally competent.

Hospitals and care systems first must understand the benefits of cultural competence and the diverse patients and communities they serve. The steps to becoming culturally competent begin with understanding the background of the community and patient population, the effect that cultural influences have on care delivery, and the skills needed by clinicians and staff. Effective educational programs and training for hospital staff include a cultural assessment, multiple training methods, ongoing teaching, and measurement and tracking. Culturally competent health care organizations have improved patient outcomes, increased respect and mutual understanding from patients, and increased participation from the local community.

Case Example: Advocate Lutheran General Hospital, Chicago, Illinois

Background: One of the largest hospitals in the Chicago area, Advocate Lutheran General is a 645-bed teaching and research hospital. To become a culturally competent organization, Advocate Lutheran focused on improving its staff's cultural awareness and enhancing the organization's connection to local ethnic communities the hospital served. Challenges that the organization encountered included the staff's lack of knowledge about different cultures, language barriers, and socioeconomic and ethnic barriers.

Interventions: To develop a robust educational program to train hospital staff, Advocate Lutheran analyzed local demographic data and patient data to determine the ethnic composition of the individuals being served. Based on this analysis, education on the importance and implications of cultural competence was added to new employee orientation. Additionally, the hospital CEO meets with new employees to discuss the organization's cultural competence initiatives.

The hospital also formed a diversity group made up of staff members who organize cultural awareness days. These cultural awareness events allow hospital staff to interact with individuals from different cultures that are represented in the greater community served by the hospital. To engage local ethnic communities, Advocate Lutheran surveyed the community to determine potential barriers and opportunities for providing care to the South Asian population. In response, the hospital established a South Asian Cardiovascular Center, the first cardiovascular center in the Midwest that aims to educate, screen, prevent, and treat South Asians for their high risk of cardiac disease.

Results: Although its cultural competence initiatives are still being expanded, Advocate Lutheran has seen progress in providing culturally competent care to its ethnically diverse patient population. Patients needing special care to accommodate their ethnic beliefs or practices are being identified more quickly as a result of the increased cultural competence of hospital staff.

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Case Example: Lutheran Medical Center, Brooklyn, New York

Background: Lutheran Medical Center, part of Lutheran HealthCare, is a 468-bed acute care hospital and trauma center. Serving an extremely diverse community in Brooklyn, Lutheran Medical Center estimates its patients and staff members speak about 73 languages and celebrate 30 different ethnic holidays.

Interventions: Embracing the wide variety of cultures in the community, Lutheran Medical Center developed the resources necessary to become culturally competent. A cultural competence department was created with a cultural initiatives coordinator and vice president of cultural competence. Patient relations staff includes multilingual and multicultural individuals. The medical center also uses community liaisons and cultural advisory committees to reach out to the community. Care delivery forms and hospital signage are translated into the five primary languages spoken in the community. Hospital staff and medical residents are required to receive cultural competence training. Lutheran Medical Center created a Chinese unit within its health system to address specific cultural issues for Chinese patients.

Results: Lutheran Medical Center tracks the impact of its cultural competence programs through bed occupancy and the number of patients from the local community. Many patients seen at the hospital are from the local community, and with growth in the ethnic and religious groups in the area, the hospital is consistently occupied to capacity. Patient satisfaction scores indicate high satisfaction with health care delivery.

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Resources

American Hospital Association and Institute for Diversity in Health Management. (2012, June). *Diversity and Disparities: A Benchmark Study of U.S. Hospitals*. Chicago: IL. Accessed at www.hpoe.org.

Community Tool Box. (2013). *Building culturally competent organizations*. Lawrence, KS: The Community Tool Box.

Cook Ross Inc. (2010, February). *Is Your Hospital Culturally Competent?* Silver Spring, MD: Cook Ross Inc.

Health Research & Educational Trust. (2011, June). *Building a culturally competent organization: The quest for equity in health care*. Chicago: IL. Health Research & Educational Trust.

Massachusetts Department of Public Health. (2013). *Foster Cultural Competence*. Boston, MA: Massachusetts Department of Public Health.

New York Office of Mental Health, Nathan Kline Institute, and New York Psychiatric Institute (2012). *Ensuring Cultural Competency in New York State Health Care Reform*. New York City, NY: New York Office of Mental Health, Nathan Kline Institute, and New York Psychiatric Institute.

U.S. Department of Health and Human Services: Office of Minority Health. (2013, May). *The national CLAS standards*. Washington DC. US Department of Health and Human Services: Office of Minority Health.

Wilson-Stronks, A. and Mutha, S. (2010, October). From the perspective of CEOs: What motivates hospitals to embrace cultural competence. *Journal of Healthcare Management* 55(2010) 339-352.

End Notes

1 Health Research & Educational Trust. (2011, June). *Building a culturally competent organization: The quest for equity in health care*. Chicago: IL. Health Research & Educational Trust .

2 U.S. Department of Health and Human Services: Office of Minority Health. (2013, May). *The national CLAS standards*. Washington DC. US Department of Health and Human Services: Office of Minority Health.

3 Wilson-Stronks, A. and Mutha, S. (2010, October). From the perspective of CEOs: What motivates hospitals to embrace cultural competence. *Journal of Healthcare Management* 55(2010) 339-352.

4 Ibid.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.