

Building a Culturally Competent Organization: The Quest for Equity in Health Care

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Executive Summary

Cultural competency in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring health of care delivery to meet patients' social, cultural and linguistic needs. A culturally competent health care system is one that acknowledges the importance of culture, incorporates the assessment of cross-cultural relations, recognizes the potential impact of cultural differences, expands cultural knowledge, and adapts services to meet culturally unique needs. Ultimately, cultural competency is recognized as an essential means of reducing racial and ethnic disparities in health care.

This guide serves to explore the concept of cultural competency and build the case for the enhancement of cultural competency in health care. It is recommended that hospital leaders undertake the following seven tasks within their organizations and answer the associated self- assessment questions:

1. Collect race, ethnicity and language preference (REAL) data.

- Do you systematically collect race, ethnicity and language preferences of all your patients?

2. Identify and report disparities.

- Do you use REAL data to look for variations in clinical outcomes, resource utilization, length of stay, and frequency of readmissions within your hospital?
- Do you compare patient satisfaction ratings among diverse groups and act on the information?
- Do you actively use REAL data for strategic and outreach planning?

3. Provide culturally and linguistically competent care.

- Have your patient representatives, social workers, discharge planners, financial counselors and other key patient and family resources received special training in diversity issues?
- Has your hospital developed a “language resource,” identifying qualified people inside and outside your organization who could help your staff communicate with patients and families from a wide variety of nationalities and ethnic backgrounds?
- Are your written communications with patients and families available in a variety of languages that reflect the ethnic and cultural makeup of your community?
- Based on the racial and ethnic diversity of the patients you serve, as well as those in your service area, do you educate your staff at orientation and on a continuing basis about cultural issues important to your patients?
- Are core services in your hospital, such as signage, food service, chaplaincy services, patient information and communications, attuned to the diversity of the patients for whom you care?

4. Develop culturally competent disease management programs.

- Does your hospital gather information to determine conditions of high prevalence within your community's minority populations?
- Does your hospital offer disease management programs that effectively address these conditions?
- Do your disease management programs address the barriers to care that are particularly challenging for minority patients?

5. Increase diversity and minority workforce pipelines.

- Does your organization have a mentoring program in place to help develop your best talent, regardless of gender, race or ethnicity?
- Are search firms required to present a mix of candidates reflecting your community's diversity?
- Do your recruitment efforts include strategies to reach out to racial and ethnic minorities in your community?
- Do you acknowledge and honor diversity in your employee communications, awards programs and other internal celebrations?
- Does your human resources department have a system in place to measure diversity progress and report it to you and your board?

6. Involve the community.

- Has your community relations team identified community organizations, schools, churches, businesses and publications that serve racial and ethnic minorities for outreach and educational purposes?
- Do you have a strategy to partner with community leaders to work on health issues important to community members?

7. Make cultural competency an institutional priority.

- Has your board set goals on improving organizational diversity, providing culturally competent care and eliminating disparities in care as part of your strategic plan?
- Is diversity awareness and cultural competency training mandatory for all senior leadership, management, staff and volunteers?

This information, coupled with the case studies from high-performing hospitals, will help guide hospital leaders as they seek to improve the quality, efficacy, and equity of care within their own institutions through advances in cultural competency. In addition, this guide provides self-assessment checklists for hospital leaders and a list of relevant cultural competency resources.

Introduction

Minorities currently represent approximately one-third of the United States population. Minorities are anticipated to represent the majority of the population in 2042 and will eventually comprise up to 54 percent of the population in 2050.¹ With a general population that is becoming more diverse, the health of our nation is increasingly dependent on our ability to keep minority populations healthy. Despite this fact, minorities frequently encounter more barriers to care, greater incidence of chronic disease, lower quality of care, and higher mortality rates than white Americans.² This fact carries significant ethical and practical implications for care of an increasingly large proportion of our nations' population.

In response, the provision of culturally competent care has the potential to improve health care access, promote the quality of medical outcomes and eliminate disparities in the care delivery process. Cultural competency is becoming the preferred tool among health care providers seeking to manage the complex differences in the ways in which patients express pain, seek and follow medical advice, and participate in their own healing process. At the patient level, the presence of culturally competent employees builds trust, provides patient confidence and reduces costs associated with various types of medical errors. Moreover, at the provider level, advancements in cultural competency can improve quality scores, which are increasingly associated with reimbursement rates.

Minimizing racial and ethnic disparities requires not only culturally competent clinicians but also leaders who create an organizational context in which cultural competence is enabled, cultivated and reinforced. Health care organizations in the United States require leadership that is firmly committed to the concepts of diversity and cultural competency.³ It is in this interest that this guide provides information to hospital leaders, aligned with the following objectives:

- To provide health care leaders and policymakers with a basic literature review regarding the value of embracing culturally competent care as a tool to improve the quality of medical outcomes;
- To provide case studies from the high-performing hospitals that participated in the Institute for Diversity's "The State of Health Care Disparities and Diversity: A Benchmark Study of U.S. Hospitals" and have employed culturally competent care strategies to create a competitive difference in their markets;
- To share seven key steps necessary to build a culturally competent organization;
- To encourage health care leaders to elevate culturally competent care as a priority in the strategic planning process.

With this information, hospital leaders can improve the quality, efficacy, and equity of care by increasing cultural competency within their own institutions.

Review of Literature on Culturally Competent Care

A significant body of research exists within the field of cultural competency in health care. The following sections provide a brief overview of the literature relating to the needs for and benefits of improving cultural competency within the hospital setting.

Culturally Competent Model for Care Delivery

The delivery of high-quality primary health care requires an in-depth understanding of the sociocultural background of patients, their families and their environments.⁴ Such an understanding is commonly referred to as cultural competency.⁵ Cultural competency in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural and linguistic needs.⁶ Ultimately, cultural competency is recognized as an essential means of reducing racial and ethnic health care disparities⁷ and improving equity of care.⁸

This knowledge, coupled with major demographic shifts in the U.S. population, underscores the necessity of making all health care organizations culturally competent.⁹ A culturally competent health care system is defined as one that acknowledges the importance of culture, incorporates the assessment of cross-cultural relations, recognizes of the potential impact of cultural differences, expands cultural knowledge, and adapts services to meet culturally unique needs.¹⁰ Key means of achieving culturally competent care delivery consist of increasing the diversity of the health care workforce and leadership (including trustees and senior management), as well as incorporating strategies to promote diversity within all hiring and recruitment practices.¹¹ In addition, providing compassionate, patient-centered care will further require health care leaders to assess the existence of bias, stereotypes and prejudice in their own behaviors.¹²

The Importance of Culturally Competent Governance

One critical mechanism for improving cultural competency is the engagement of hospitals' governing bodies.¹³ Hospital governance is responsible for identifying and actualizing the institution's core mission and values. In this interest it is essential that hospital governance embrace the concept of cultural competency to ensure that the delivery of culturally and linguistically appropriate care is ingrained within the organization's mandate. Once this is achieved, the delivery of culturally competent care can become an area of priority for hospital executives.¹⁴ This, in turn, provides a strong incentive for executives to enact policies and procedures to improve cultural competency, like diversity management programs, and to ensure that necessary resources, such as interpretation services, are made available. More than any other entity, the governance structure must reflect and promote those practices that earn the public's trust and ensure a delivery process that is safe and equitable.

The Importance of Cultural Diversity in Leadership

As the United States becomes more culturally diverse, it becomes increasingly important to expand minority recruitment efforts in health care to meet the needs of this changing population.¹⁵ Moreover, anecdotal evidence suggests that the lack of diversity in health care leadership can result in policies and procedures that do not adequately meet the needs of diverse populations.¹⁶ Therefore, the goal of managing diversity is to enhance the hospital workforce, promote customer satisfaction, and to further improve organizational performance.¹⁷ Managing diversity is not a social requirement. Rather, diversity management represents a business requirement that will grow in intensity as the general population, and accordingly the patient population, continues to become more racially and ethnically varied.

Regulations, Standards, Laws and Public Trust

There is a strong regulatory and legal framework for promoting culturally competent care. This framework was first established by Title VI of the Civil Rights Act of 1964, which stated that “no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” Enforcement of Title VI for health care programs is the responsibility of the Department of Health and Human Services Office for Civil Rights (OCR) and is governed by their regulations and guidelines. In this context, the unequal treatment of racial, ethnic and linguistic minority patients is unacceptable, and efforts to remedy this situation, such as implementing culturally competent care, are duly warranted.

Following the inception of Title VI, several other government actions have reinforced the need for cultural competency in health care. In 2000, the Office of Minority Health (OMH) of the Department of Health and Human Services published national standards for culturally and linguistically appropriate services (CLAS) in health care. The 14 CLAS standards address the appropriate use of language services in the delivery of culturally competent care as well as other forms of organizational support to ensure cultural competency. The CLAS standards were offered by OMH as a guideline for federal and state regulators and private accreditors of health care organizations in an effort to achieve a higher level of cultural competency in health care delivery by upgrading and standardizing expectations. The CLAS standards do not have the force of law in and of themselves, but they are being used increasingly by regulators and accreditors, such as The Joint Commission, in fashioning their standards.

Also in 2000, presidential Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency,” was issued. This Executive Order offered specific guidance on language services that must be provided under all federal agency service programs to ensure equal access for limited English proficiency (LEP) persons. The Executive Order requires that each federal agency adopt a language services plan consistent with Department of Justice guidelines to ensure that adequate language services are provided by the agency’s programs and by organizations receiving federal funds under those programs. Those providing services under Medicare and Medicaid meet Title VI OCR regulations prohibiting discrimination on the basis of national origin and follow OCR guidelines for LEP populations.

Most recently, the 2010 Patient Protection and Affordable Care Act (ACA) further elaborated the need for cultural competency within the health care setting. Section 1557 of the ACA extends existing federal laws prohibiting discrimination by requiring covered entities (i.e., health plans offered through state insurance exchanges) to provide information in a culturally and linguistically appropriate manner. Moreover, Section 4302 of the ACA strengthens federal data collection efforts by requiring that all federally funded programs collect data on race, ethnicity, primary language, disability status and gender.

The Business Case for Equity

The promotion of equity in health care has a direct impact on hospital outcomes. Systemic cultural competence can improve the efficiency of care by helping patients access the appropriate services in a timely fashion.¹⁸ Moreover, the elimination of linguistic and cultural barriers can aid in the assessment of patients and reduce the need for unnecessary and potentially risky diagnostic tests.¹⁹ Additionally, reducing disparities and increasing diversity can increase patient satisfaction scores.²⁰

There is a strong economic argument for undertaking appropriate efforts to eliminate unwarranted variations in care when one considers the potential impact that disparities in care can have on readmissions, medical errors, extended length of stay and the potential legal liabilities should the provision of unequal care be challenged in court. It should be noted that improvements in cultural competency confer other potential business advantages as well. These advantages include appealing to minority consumers, increasing competitiveness for private purchaser business, and improving organizations' abilities to respond to the demands of public purchasers.²¹ Conversely, failure to improve diversity and cultural competency may harm hospitals' patient and employee bases.

Steps for Building a Culturally Competent Organization

The following steps provide a series of seven actions that hospital leaders can undertake to promote cultural competency within their own institutions. Case studies are also provided in some instances to demonstrate the practical application of such principles.

I. Collect Race, Ethnicity and Language Preference (REAL) Data.

Gathering data on race, ethnicity and language preferences is a necessary first step in addressing inequalities in care as it enables providers to identify disparities in care or outcomes and then take appropriate steps to eliminate them.²² It is imperative that hospitals collect accurate data in order to understand the populations that they serve, to tailor the delivery of care to their patients, to obtain feedback regarding their performance on quality measures across patient populations, and to develop appropriate quality improvement interventions when so warranted.²³ There is also a strong need for standardization in data reporting so as to minimize inconsistencies that might bias potential findings. For this reason, using the Health Research & Educational Trust's Disparities Toolkit is recommended for collecting and reporting race and ethnicity data. The Toolkit can be modified to meet most challenges that arise across geographic locations and sensitivity issues encountered in cross-cultural communication. Furthermore, staff must be trained, and in some cases "scripted," to respectfully ask a patient to self-report his or her racial or ethnic identity.

SELF-ASSESSMENT

- **Do you systematically collect race, ethnicity and language preferences of all your patients?**

CASE STUDY: AnMed Health

With diverse communities come language translation issues. Medical interpretation and translation services are costly and therefore pose a challenge to most health care organizations. In response, AnMed Health, a 533-bed hospital based in Anderson, South Carolina, sought to establish customer-focused, cost-efficient communication programs.

Accurate data is essential to the appropriate growth and development of any new business venture. Medical interpretation and translation services are no different. In 2002, AnMed Health assembled a multidisciplinary process-improvement team to develop a system that is currently used to record every patient's race, ethnicity, national origin and language preferences in the medical record during the admissions process.

This information is important, as cultural and linguistic differences may significantly impact the interaction between patient and caregiver and, ultimately, impact the quality of care, treatment outcomes, and satisfaction of the patient. Admissions personnel receive culturally appropriate scripts and in-service training to build their confidence with this sensitive line of questioning. In partnership with its Medical Resource Management department, the Diversity and Language Services department has designed and implemented several technical strategies, or focus studies, that give AnMed Health the ability to quantify services, improve data collection, and monitor the improvement of service quality to LEP patients.

First, all medical interpretations are documented on an Interpretation Services Report and executed by the attending interpreter. A second strategy is the Interpretation Service Satisfaction tool, a survey conducted by telephone. This tool includes a prompted series of questions, generated upon completion of each patient encounter and designed to assess the patient's satisfaction with the interpretation support provided. There are two benefits of this tool: it provides specific information for the interpreter so that he or she may identify areas for improvement, such as accuracy or technique, and it also provides an opportunity to clarify discharge information for the patient. The third and most innovative strategy was created for the organization's obstetrical LEP patients. LEP patients are preregistered at the women's health department, and the information is input into the MIDAS+™ system, providing interpreters with essential information available to caregivers 24 hours per day. In the event of a premature delivery or miscarriage, this information helps ensure accurate and timely communication at a critical time.

AnMed Health has received national recognition for its model language program and is also the first health system in South Carolina to use Deaf-Talk video conferencing technology to improve communication with deaf and hard-of-hearing patients. By utilizing these and other new strategies as they are developed, AnMed Health meets the language interpretation challenges associated with providing service to a diverse community.

2. Identify and Report Disparities.

Hospitals must plan for and commit resources to the evaluation of medical interventions. Hospital leaders should use quality measures to generate reports stratified by race, ethnicity and language group to examine disparities in clinical processes and patient experiences.²⁴ Such reporting and performance review has been shown to improve the quality of care provided to patients as it enables the organization to gauge its performance on dimensions of care and services to eliminate disparities.²⁵ It is further recommended that these evaluations apply qualitative and quantitative methods; include formative and summative assessment; employ action research; use participatory and empowerment approaches; and consider a broad range of outcomes including societal,

environmental, psychological, behavioral/attitudinal change, community capacity, social capital, and quality of life aspects.

SELF-ASSESSMENT

- **Do you use REAL data to look for variations in clinical outcomes, resource utilization, length of stay, and frequency of readmissions within your hospital?**
- **Do you compare patient satisfaction ratings among diverse groups and act on the information?**
- **Do you actively use REAL data for strategic and outreach planning?**

3. Provide Culturally and Linguistically Competent Care.

The provision of culturally and linguistically competent care has the potential to improve health care access, quality and outcomes, and to reduce disparities in care.²⁶ Adopting activities to enhance patients' access to culturally and linguistically appropriate services is essential for reducing disparities and reaching the ultimate goal of building a health care system that delivers the highest quality of care to every patient, regardless of race, ethnicity, culture or language. Culturally and linguistically competent services should include: cultural competency training for providers, staff and volunteers in patient contact roles; established protocols for serving LEP patients; interpreter services; translators; a bilingual workforce; diverse community health educators; and the use of multilingual signage, etc.²⁷

According to the Institute of Medicine report *Unequal Treatment*, increased levels of cultural competency and enhanced patient-provider communications have the potential to improve the accuracy of diagnoses, prevent patients from exposure to unnecessary risk diagnostic procedures, enable providers to better obtain true informed consent, and enable patients to participate in shared decision-making practices.²⁸ Furthermore, cultural competency training has also been shown to improve the knowledge and attitudes of health care professionals who care for racial, ethnic and linguistic minority patients.²⁹ Conducting a community or market assessment ensures awareness of the various groups being served by the hospital. Further investigation of the community profile may reveal the epidemiological information necessary to promote prevention and wellness programs that can reduce readmissions and improve the health of the community.

SELF-ASSESSMENT

- **Have your patient representatives, social workers, discharge planners, financial counselors and other key patient and family resources received special training in diversity issues?**
- **Has your hospital developed a “language resource,” identifying qualified people inside and outside your organization who could help your staff communicate with patients and families from a wide variety of nationalities and ethnic backgrounds?**
- **Are your written communications with patients and families available in a variety of languages that reflect the ethnic and cultural makeup of your community?**
- **Based on the racial and ethnic diversity of the patients you serve, as well as those in your service area, do you educate your staff at orientation and on a continuing basis about cultural issues important to your patients?**

- **Are core services in your hospital, such as signage, food service, chaplaincy services, patient information and communications, attuned to the diversity of the patients for whom you care?**

4. Develop Culturally Competent Disease Management Programs.

To effectively reduce racial disparities in care, quality improvement interventions need to include disease management programs that effectively address conditions of high prevalence within minority populations.³⁰ Disease management programs should be tailored to meet the medical needs of minority and other high-risk patients. Accordingly, the development and implementation of such interventions must also address the barriers to care that are particularly challenging for minority patients (i.e., limited English proficiency, diverse health beliefs) while simultaneously addressing more general barriers that will improve the quality of care for all patients.³¹

SELF-ASSESSMENT

- **Does your hospital gather information to determine conditions of high prevalence within your community’s minority populations?**
- **Does your hospital offer disease management programs that effectively address these conditions?**
- **Do your disease management programs address the barriers to care that are particularly challenging for minority patients?**

5. Increase Diversity and Minority Workforce Pipelines.

It is important to create a workforce that is as broad and diversified as the patient population that it serves. Health care leaders should recognize the benefits of diversity management, which include better marketing to consumers and the improved management of a multicultural workforce. Further societal benefits are also associated with increased workforce diversity. For instance, it has been demonstrated that racial and ethnic concordance between patient and provider is likely to enhance communication and understanding, provide opportunities for building trust and improve adherence to the medical treatment plan.^{32,33} There is also evidence that underrepresented minority providers are more likely to practice in underserved communities,³⁴ thereby increasing access to care for those living in such areas.

SELF-ASSESSMENT

- **Does your organization have a mentoring program in place to help develop your best talent, regardless of gender, race or ethnicity?**
- **Are search firms required to present a mix of candidates reflecting your community’s diversity?**
- **Do your recruitment efforts include strategies to reach out to the racial and ethnic minorities in your community?**
- **Do you acknowledge and honor diversity in your employee communications, awards programs and other internal celebrations?**
- **Does your human resources department have a system in place to measure diversity progress and report it to you and your board?**

CASE STUDY: Sparrow Hospital

Sparrow Hospital is a 733-bed hospital located in Lansing, Michigan, and part of the Sparrow Health System. Recognizing the need for diversity management, Sparrow Hospital wanted to ensure that all efforts were made to create an environment that better reflected the communities that Sparrow serves. From the board of directors to the executive leadership team, diversity management would become the impetus to achieve these results.

Sparrow's efforts were started by its vice president of human resources, who positioned diversity as a business priority. To provide leadership in this area, Sparrow embarked on a national search to recruit a subject-matter expert with a proven track record for diversity management. This diversity director helped align the institution's diversity goals with its organizational goals. The director also educated hospital leaders on topics pertaining to diversity management and on integrating diversity goals into division, department, functional and individual goals.

As a result, a systemwide diversity and inclusion program is now led by the Diversity and Inclusion Council. The council evaluates and makes recommendations on educational and classroom coaching, and provides activities and events to support a more culturally competent workplace. In addition, Sparrow has revamped internal processes relating to retention and transfer, which include updated exit interview processes, support for employee relations, a new mentoring program, and a Service Excellence Department that works closely with patients and patient advocates. The hospital's materials acquisition staff currently attends career fairs to create sourcing options intended to identify quality candidates of color. Sparrow currently monitors its current workforce against available reports provided by U.S. Census data. The organization currently is at 13.65 percent minority representation, and the regional eight-county availability is 11.4 percent.

By aligning diversity and inclusion goals into an established organizational process from the top down, Sparrow Hospital has successfully internalized a system to maintain a culturally competent internal environment—one that accurately reflects the community it serves.

6. Involve the Community.

Strategies to effectively reduce disparities in care must engage the broader public through community-based activities and programs. By establishing functional relationships within the community, hospitals can build a bridge to patients in need of care.³⁵ Exercising cultural competency is essential because barriers to care and solutions to eliminating inequities in care vary widely by religion and culture. Therefore, interventions must be tailored to the community's specific needs and must also reflect the community's demographic and socioeconomic makeup and cultural values, while also remaining functional within the confines of existing infrastructure and support services. One approach is creating a community-based diversity advisory committee. This committee could work with hospital staff to develop programs that would resonate with the community's ethnic groups and also help the hospital to improve the inclusiveness of existing programs.

SELF-ASSESSMENT

- **Has your community relations team identified community organizations, schools, churches, businesses and publications that serve racial and ethnic minorities for outreach and educational purposes?**
- **Do you have a strategy to partner with community leaders to work on health issues important to community members?**

CASE STUDY: Lancaster General

Lancaster General Health is a 640-bed regional health care system located in Lancaster, Pennsylvania. Lancaster General Hospital is tasked with providing care to a very diverse and unique patient population, as Lancaster County is home to approximately 27,000 Amish people.

Practices and customs among Amish people can vary greatly, but in general, guiding principles for Amish daily life also influence health care and safety practices. These principles include doing God's will, separating from the world, giving mutual aid and having self-sufficiency. Therefore, the Amish attempt to maintain and restore good health, but they may not naturally seek extra measures to ensure proper safety because of their religious beliefs. Safety is an issue because there are approximately 5,305 farms in Lancaster County—many of which are worked by the Amish—and farmers typically encounter accidents and other health-related issues. According to the Pennsylvania Department of Agriculture, in 2007 there were 29 farm-related deaths in Pennsylvania, and 16 of these deaths (55 percent), including 3 children, occurred in Lancaster County.

Relationships and trust with leaders in the Amish community are the key elements needed to effectively implement educational strategies. In collaboration with the Amish Safety Committee and the Lancaster County Safe Kids Coalition, Lancaster General Health implements Farm Safety Day Camp twice a year. Since the Amish community became part of the planning process, Lancaster General is able to create meaningful educational opportunities accepted throughout the Amish community. Designed for people who live and work on farms, the Farm Safety Day Camp teaches simple, practical steps to decrease the likelihood of death and injury. Amish and other farmers volunteer to provide experiential modules on how to identify safety hazards and how to implement simple safety measures that families can apply at home and on the farm. Approximately 50 volunteers from the community donate their time and resources to help plan and educate families during these events. Since 2005, over 800 participants have been educated at Farm Family Safety Day events. The success of these events is measured by the number of attendees, survey feedback, and the behavior changes that families intend to implement.

The experience working with the Amish Safety Committee has helped Lancaster General build relationships and develop trust in the Amish community. This trust has opened doors to addressing other health issues that Amish people have previously been unwilling to discuss, such as prevention, early detection and proper use of integrative medicine. Lancaster General is now working to track early entry into care in hopes of decreasing late-stage disease rates within the Amish population.

This year Lancaster General also facilitated health educational sessions for more than 200 Amish women, held in an Amish home. In addition, the hospital established nine points of contact with businesses owned or frequented by Amish families, to use for providing health education fact sheets tailored to the Amish community. A community outreach nurse visits the sites on a quarterly basis to review distribution of the fact sheets, get feedback from the business owners and hear recommendations for future health topics. Lancaster General has also initiated an Amish Health Promoter Program to continue efforts to build trust and cultural competence in serving the Amish community.

7. Make Cultural Competency an Institutional Priority.

For an institutional cultural competency initiative to be effective, it must involve the entire organization and stem from a companywide commitment.³⁶ Equity strategies have to be part of the overall strategic plan, and equity initiatives should be incorporated into the overall strategic vision. Efforts to address equity must address issues of evaluation, planning, implementation, communication sustainability and dissemination. In approximately 40 years, racial and ethnic

minority populations will constitute a majority of the total U.S. population.³⁷ As this occurs, the provision of culturally competent care will move from being merely an appropriate measure to representing a national priority and a business necessity.

SELF-ASSESSMENT

- **Has your board set goals on improving organizational diversity, providing culturally competent care and eliminating disparities in care as part of your strategic plan?**
- **Is diversity awareness and cultural competency training mandatory for all senior leadership, management, staff and volunteers?**

CASE STUDY: Barnes-Jewish Hospital

For diversity efforts to succeed in a large organization, the organization's leaders must be intrinsically involved by providing a vision for diversity and inclusion programs and becoming involved in their development and implementation. Barnes-Jewish Hospital, a 1,200-bed teaching hospital affiliated with the Washington University School of Medicine in St. Louis, Missouri, applied these principles as it worked to provide more culturally competent care throughout the hospital.

Barnes-Jewish leadership is engaged in several efforts to promote diversity and inclusion. For example, diversity and inclusion practices are included as a component of the hospital's strategic plan under the people and service categories. Hospital leaders have participated in planning and implementing several aspects of the plan's development, including recommending that the board of directors develop the Center for Diversity and Cultural Competence. Barnes-Jewish leadership agreed to an initial allocation \$1.56 million to establish the center and also participated in several hours of diversity and inclusion training. Since opening the center, Barnes-Jewish leadership has committed more than \$3.2 million dollars to its diversity efforts.

In addition, Barnes-Jewish leadership committed to an organizational assessment to evaluate its efforts to become a more diverse and inclusive organization. This evaluation provided a roadmap for Barnes-Jewish in further developing and implementing strategies for diversity and inclusion. In 2008, the entire executive leadership team, along with more than 22 members of the hospital's Diversity and Inclusion Council, participated in a three day off-campus training session with the National Conference for Community and Justice to identify and understand barriers to and facilitators of diversity and inclusion. In April 2010, Barnes-Jewish executive and senior leadership teams spent an additional eight hours learning how to integrate cultural competence and inclusion in everyday work.

Barnes-Jewish is experiencing a culture change in regard to diversity. The program's impact is reflected in the diversity scores from an employee engagement survey, which indicates an increase in workforce diversity in recent years. Diversity outcomes have also improved between 2007 and 2010. In addition, diversity scores at the management level have increased from 11 percent to 14 percent from 2007 to 2010.

Conclusion

Hospital leaders are encouraged to embrace cultural competency interventions as an important step toward reducing disparities in health care. Promoting culturally and linguistically appropriate care, expanding diversity within hospital leadership, institutionalizing cultural competency into hospitals' central missions, collecting race, ethnicity and primary language data, and increasing the diversity of the leadership, governance and workforce at hospitals—all represent methods that health care leaders should use to improve the equity of care. Through these initiatives, hospital leaders can help improve the quality, efficacy, and equity of care within their own institutions.

Additional Resources

Resource	Description	Address
Hospitals in Pursuit of Excellence	This website provides evidence-based guides for hospital quality improvement efforts aimed at reducing disparities.	http://www.hpoe.org/topic-areas/health-care-equity.shtml
HRET Disparities Toolkit	The HRET Disparities Toolkit is a web-based tool that provides hospitals, health systems, clinics and health plans with information and resources for systematically collecting race, ethnicity and primary language data from patients.	www.hretdisparities.org/
Institute for Diversity in Health Management (IFD)	The Institute for Diversity provides several resources for managing diversity in the health care field	www.diversityconnection.org
IFD Summer Enrichment Program	IFD's Summer Enrichment Program places promising graduate students in internships in a hospital setting	www.tinyurl.com/InstituteSEP
Does Your Hospital Reflect the Community It Serves? A Diversity and Cultural Proficiency Assessment Tool for Leaders	This AHA document provides a resource to help hospital leaders assess diversity and cultural competency activities within their institutions.	www.aha.org/aha/content/2004/pdf/diversitytool.pdf
Minority Trustee Candidate Registry	The AHA, along with its Institute for Diversity in Health Management and Center for Healthcare Governance, has created an online registry of candidates from diverse backgrounds who are interested in serving on the board of their local hospital or health system.	www.americangovernance.com/american_governance_app/candidatesProgram/index.jsp?fll=SI
Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile	This document presents an analytic framework for assessing cultural competence in health care delivery organizations and identifies specific indicators that can be used for measurement.	www.hrsa.gov/CulturalCompetence/healthdlvr.pdf
Improving Quality and Achieving Equity: A Guide for Hospital Leaders	The Disparities Solution Center offers a guide for hospital leaders interested in promoting equity and reducing health care disparities.	www2.massgeneral.org/disparitiesolutions/guide.html

Resource	Description	Address
Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care A Roadmap for Hospitals	In this document, The Joint Commission offers a series of resources to enhance cultural competency and communication.	www.jointcommission.org/Advancing_Effective_Communication/
Institute of Medicine (IOM)	The IOM book <i>In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce</i> builds the case for enhancing the diversity of America's health care workers.	http://books.nap.edu/openbook.php?record_id=10885&page=1

¹ US Census Bureau. *An Older and More Diverse Nation by Midcentury*. Available at:

<http://www.census.gov/newsroom/releases/archives/population/cb08-123.html> (accessed May 4, 2011).

² Institute of Medicine. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academy Press; 2002.

³ Dreachslin JL, Hobby F. Racial and ethnic disparities: why diversity leadership matters *Journal of Healthcare Management*, 2008;53(8):8-13

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