Culturally Effective Healthcare Organizations:
A Framework for Success

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Introduction

"The United States has always been a nation rich in diversity— and as a nation we are getting more diverse. As minority groups become a larger percentage of total healthcare consumers, meeting their needs in 'cost effective' and 'high quality' ways might be the difference between balancing the budget and breaking the bank."

–National Conference of State Legislatures[1]

Healthcare organizations across the U.S. continually strive to remain competitive, facilitate appropriate access to services, provide quality care, and achieve optimal patient outcomes. Changes in demographics, accreditation standards, regulations, and healthcare operations present business opportunities and create needs within organizations that call for new approaches. As a result, healthcare organizations are actively preparing to meet the needs of their current or future patients. Identifying and implementing new systems and practices to keep pace with emerging trends and standards in the healthcare industry is a process that requires institutional change at multiple levels. To improve the quality of care for all groups, healthcare institutions are taking steps to become culturally effective organizations.

Culturally effective organizations enable, cultivate, and support the delivery of high-quality healthcare for all groups of people. The result is improved quality of care, enhanced patient safety and satisfaction, better health outcomes, a stable and skilled workforce with higher employee retention rates, administrative and management improvements, reduced health disparities, lower risk of liability, and fiscally sound healthcare organizations. This issue brief introduces seven fundamental elements in a framework to guide the development of culturally effective organizations. The elements include:

- Leadership
- Institutional policies and procedures
- Data collection and analysis
- Community engagement
- Language and communication access
- Staff cultural competence
- Workforce diversity and inclusion

In New Hampshire today, the state's healthcare institutions are implementing new organizational practices. Research conducted by the *Healthcare Employer Research Initiative* has shown that New Hampshire organizations are taking action to respond to new trends in the patient population and changes in the make-up of the workforce of tomorrow.[2]

This issue brief was produced as part of an ongoing series for the *Healthcare Employer Research Initiative*, a four-year partnership of the Institute on Assets and Social Policy at the Heller School for Social Policy and Management at Brandeis University with the New Hampshire Office of Minority Health and Refugee Affairs. The goal of this initiative is to identify New Hampshire healthcare employer needs, challenges, and best practices for increasing diversity in the healthcare workforce. This brief responds to healthcare employer requests for information and strategies to advance this work.
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The Path to Success Includes More Than Individual Competency

"Despite progress being made in many areas, the United States still has far to go before the entire population receives the level of care it expects, desires, and deserves."

–Institute of Medicine[3]

A common managerial response when faced with the needs of an increasingly diverse consumer base is to offer staff cultural competency training. Individual-level cultural competence is widely accepted as an essential component of healthcare delivery. Culturally competent care is shown to improve patient satisfaction and service utilization patterns, and increase adherence to treatment plans,[4] particularly when healthcare professionals and patients share similar backgrounds. This is known as "patient-provider concordance" by race, ethnicity, and language.[5] But experience in New Hampshire and elsewhere has shown that cultural competency training alone is not sufficient to achieve its intended results.[6]

Establishing A Culturally Effective Health Care Organization Requires More Than Collective Cultural Competence

Executive and board-level leaders guide the achievement of peak performance through the adoption of organizational, structural, and clinical strategies. This includes the systematic implementation of policies and practices that support, and in some cases mandate, culturally appropriate organizational practices. Such practices drive organization-wide education, evaluation, and the implementation of programs and initiatives that encourage diversity and inclusion. Leaders in culturally effective organizations actively show support through mission statements, the racial/ethnic composition of boards, community engagement activities, performance monitoring and accountability, data collection, and human resource initiatives that respond to diverse needs.

Health disparities are differences in health status that occur as a result of "social, economic, and/or environmental disadvantages. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group, religion, socioeconomic status... or other characteristics historically linked to discrimination and exclusion."[7] The quality of care improvements that result from a commitment to cultural effectiveness can reduce health disparities.

Cultural competency training is just one important part of this broader institutionalized response system that is continuously informed by structured feedback from patients, staff members, managers, leaders, and the communities served.

Why Is Cultural Effectiveness a Priority for Healthcare?

"Developing practices that address the challenges of certain populations contributes to providing safe, quality care and decreasing health disparities."

–The Joint Commission[8]

There are six compelling reasons that health care entities across the U.S. are making cultural effectiveness an organizational priority. The National Center for Cultural Competence at Georgetown University, a recognized leader in this area, highlights the following motivations:[9]

- To improve service quality and health outcomes
- To gain a competitive edge in the marketplace
- To respond to current/projected demographic changes
- To eliminate longstanding health disparities
- To meet legal, regulatory, and accreditation mandates
- To decrease the likelihood of malpractice claims

Taking actions to achieve these goals can position an organization to ensure compliance with new industry requirements. For example, accrediting organizations, such as The Joint Commission, now look for an organizational focus on culturally appropriate care.[10] In addition, newer payment models often incentivize many of the qualities and outcomes of culturally competent care, such as improved patient satisfaction. Thus, success in achieving such care can mean increased revenue.

Existing and emerging research shows that culturally effective organizational practices positively impact quality of care by improving the following for diverse patients:[11]

- **Utilization patterns** – Increases access to and use of the appropriate healthcare services at the appropriate time.
- **Patient and family satisfaction** – Leads to better post-visit or post-discharge patient survey scores.
- **Treatment adherence** – Generates improved attention to follow-up care and treatment plans.
- **Levels of patient trust** – Enhances trust in providers. Studies show that this can have a positive impact on treatment adherence and health outcomes.

Implementing the policies and practices highlighted in the figure below and detailed in the next section is a major step toward achieving these goals.

Framework for a Culturally Effective Organization

Seven Key Elements of a Culturally Effective Organization

"The rich diversity of our organization reflects the diversity of the people we serve each and every day and is a tremendous asset that helps us consistently deliver high-quality affordable health care to our members, customers, and communities. We have an obligation and an expressed purpose—at all levels of this organization—to create a diverse and inclusive environment that encourages our employees to reach their full potential, while continually providing the high level of care people expect from Kaiser Permanente."

–Bernard J. Tyson, Chairman and CEO, Kaiser Permanente[12]

The seven elements of culturally effective organizations outlined below are drawn from a review of recommendations established by nationally recognized healthcare industry accrediting and standards-setting organizations, as well as subject matter experts (see pages 8-9). The resulting framework is also supported by findings from the *Healthcare Employer Research Initiative*. Culturally effective organizations are actively shaped and reshaped through the implementation of each of these seven elements. Reshaping occurs as organizations periodically evaluate progress toward organizational goals, while providing regular staff and management training, education, mentorship, and coaching. Each of the elements outlined below is followed by examples of potential action steps in which organizations can engage to achieve cultural effectiveness.

1. **Leadership** – Executive leadership and boards of directors formally model the organization's commitment by including consideration of cultural effectiveness in the strategic planning process and overall organizational expectations and practices. Leadership is responsible for guiding the organization to address biases and overcome resistance to change.
    - Establish concrete goals, objectives, and strategies to meet cultural competency- and diversity-related targets with both executive and mid-level management.
    - Gather results of formal assessments of organizational performance toward reaching these goals and report them to the board of directors on an ongoing basis.
    - Use assessment findings to inform leadership and management decision-making and fine-tune the direction the organization is taking to reach its goals.
    - Establish expectations for leaders to communicate with staff and the community-at-large about the organization's commitment to diversity and cultural effectiveness.
    - Recruit a board that reflects the community's racial and ethnic composition to ensure that community needs, cultural views, and expectations will be represented at the leadership level during strategic planning and throughout the plan's implementation.

2. **Institutional Policies and Procedures** – Healthcare organizations take a systematic approach to formalizing their commitment to cultural effectiveness by articulating their vision through written policies, procedures, goals, and practices.
    - Incorporate the organization's commitment to cultural effectiveness in the mission statement.
    - Implement policies that promote the collection of race, ethnicity, and language data to measure and support enhanced cultural effectiveness.
    - Stratify data by race, ethnicity, and language to identify and address disparities as part of all quality improvement efforts.
    - Provide cultural competency training, mentoring, and coaching for all levels of staff on a regular basis.

3. Data Collection and Analysis – Data related to cultural effectiveness and workforce diversity informs strategic planning and tailors service delivery to meet community needs. Data is also used to identify treatment variation and differences in patient outcomes and satisfaction across groups, and to monitor the impact of cultural effectiveness-related policies and activities on health equity and outcomes. This data can serve to partially fulfill the core meaningful use objectives set forth in the Health Information Technology for Economic and Clinical Health (HITECH) Act.[13]

- Assess characteristics of the communities served (e.g., patient demographics) and the resources that already exist in these communities.
- Evaluate community health needs, a process that the federal government now requires for 501(c)(3) hospital organizations, at least once every three years.[15]
- Prioritize data collection objectives and allocate time for staff to carefully develop the design and implementation of data collection and analysis plans.

New Hampshire's Population Trends

New Hampshire's population trends indicate that the patient population and the workforce are likely to continue to diversify:[14]

Between 2000 and 2010, racial, ethnic, and linguistic minorities made up 50% of New Hampshire's population gain.

By 2010, the cities of Nashua and Manchester had minority populations of about 20%.

In 2010, the median age in New Hampshire was 41 years, while the median age of the minority population was 27 years.

4. Community Engagement – Organizations are more effective when they engage the community in a two-way process to learn, communicate, and share knowledge. This requires establishing relationships that position the community as an active partner in organizational decision-making.

- Engage community leaders to help structure and conduct community health needs assessments.
- Communicate health needs assessment findings to community leaders and others to help interpret and validate findings and receive input on implications for service delivery.[16]
- Use community input in organizational decision-making and ensure that Patient and Family Advisory Councils reflect the diversity of the community.

5. Language and Communication Access – Effective communication is essential to the provision of quality and culturally competent care. Several federal civil rights laws require communication assistance: Title VI of the Civil Rights Act of 1964,[17] the Americans with Disabilities Act of 1990,[18] and Section 504 of the Rehabilitation Act of 1973.[19] In response, organizations are establishing policies that require the identification of patients who are in need of written and/or oral communication assistance and the formal tracking of their language preferences.

- Ensure that printed and multimedia materials, as well as signage, are translated into languages commonly found in the communities served and provide patients and family members with timely access to interpreters.
- Make information about the availability of no-cost language interpreters and document translation highly visible.
- Establish formal policies to ensure all internal and external interpreters are qualified for their work by setting minimum credential, competency, and/or training requirements.

6. Staff Cultural Competence – Healthcare organizations implement a range of practices to ensure that patients from all racial and ethnic backgrounds receive optimal patient care. To meet accreditation standards, healthcare organizations are integrating patient preferences into care delivery and supporting these changes with organizational policies and procedures which enable staff members to fulfill these expectations. The cultural competence of all staff requires continuous learning and professional development.

- Individualize the delivery of care to meet patients' cultural needs.
- Provide culturally appropriate food selections, chaplaincy services, and plans of care including the integration of traditional practices with western medicine.
- Respect cultural traditions for care delivery, particularly in the areas of end-of-life and patient-provider gender interaction.
- Support staff members as they learn to confront biases and advance their cultural competence.

7. Workforce Diversity and Inclusion – The demographic makeup of New Hampshire's population is changing rapidly. While racial/ethnic minority groups make up 7.2% of New Hampshire's total workforce and will continue to bring increased diversity to the state's candidate pool, they are underrepresented in hospital and ambulatory care settings.[20] Conversely, nursing and residential care facilities are increasingly recruiting and employing professionals from diverse backgrounds and seeking ways to nurture increased multiculturalism by patients and staff. Healthcare organizations can address underrepresentation by diversifying their workforce and introducing practices to ensure that employees from all backgrounds have the opportunity to contribute meaningfully to the workplace.

Diversity: In this document, use of the term "diversity" is limited to racial, ethnic, and linguistic diversity. However, creating a culturally effective organization requires attention to all aspects of diversity, including age, gender and sexuality, physical and mental disabilities, religion, and others.

"**Inclusion** puts the concept and practice of diversity into action by creating an environment of involvement, respect, and connection."[21]

- Establish relationships with cultural leaders, venues that serve diverse populations, and media outlets—such as non-English newspapers and churches that serve specific ethnic groups—to assist with recruitment.
- Require search firms and recruiters used for management and advanced skill positions to present a field of candidates that reflects the diversity of the community.
- Engage in targeted retention and employee career promotion efforts to build and maintain workforce diversity at all levels.

Moving Forward

Structured and intentional organization-level interventions are an important step for those who strive to improve quality, remain competitive, and meet regulatory requirements to ensure the health and strength of entire communities. The seven elements outlined in this brief provide a framework for achieving these goals. Organizations that aspire to become culturally effective find that it is an ongoing process. Once implemented, these practices need to be monitored and formally assessed. Findings should be used to provide continuous opportunities for improvement and executive-level management should hold institutional responsibility for their success. The national resources listed in the next section can help provide the impetus to start or further develop such work. In New Hampshire, the New Hampshire Health & Equity Partnership (www.equitynh.org) and the New Hampshire Office of Minority Health and Refugee Affairs (www.dhhs.nh.gov/omh) are available as local resources.

National Standards for Creating Culturally Effective Organizations

National organizations are working to reduce health disparities and promote patient-centered care by creating cultural effectiveness standards and best practices for the healthcare industry.

	Department of Health and Human Services Office of Minority Health	Joint Commission	
Leadership	Use policies and practices to promote cultural effectiveness; "Recruit [and] promote...diverse governance, leadership and workforce." Provide ongoing cultural effectiveness training for all.[22]	Disseminate "mission, vision, and goals to staff and the population(s) [served]."[23]	
Institutional Policies and Procedures	Formally establish goals and policies, require accountability, and "integrate [cultural effectiveness]-related measures into...quality improvement activities" and regularly assess progress.	Implement policies that promote systematic data collection and use findings to support quality improvement, improve patient satisfaction and staff perceptions, and reduce process variation.	
Data Collection and Analysis	Collect demographic data "to monitor...the impact of [cultural effectiveness] on health equity and outcomes, and to inform service delivery."	Conduct baseline assessments of efforts to meet patient needs, collect/use data in decision-making, and document demographic data/language preference in medical record.	
Community Engagement	"Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural appropriateness;" communicate cultural effectiveness progress.	Collect community feedback; "Share information with...community about the hospital's efforts to meet...patient needs."	
Language and Communication Access	Provide timely access to interpreters, verify interpreter competence, and provide "print and multimedia materials..." in languages commonly used in the community; display signage in the "languages commonly used" in the community.	Identify patients' "oral and written communication needs and preferred language." Verify interpreter qualifications and provide patient education tailored to needs and language ability.	
Staff Cultural Competence	"Provide effective, equitable, understandable, and respectful quality care and services… responsive to diverse cultural beliefs and practices…"	Accommodate "patients' cultural, religious, or ethnic food...preferences" and provide culturally competent care.	
Workforce Diversity and Inclusion	"Recruit, promote, and support a diverse governance, leadership, and workforce that are responsive to the population in the service area."	Engage in targeted staff recruitment efforts and include cultural competence in staff training.	
Organization Description & Internet Address	Established National CLAS Standards: http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53	Non-profit health care accreditation and certification organization: www.jointcommission.org	

	National Quality Forum (NQF)	Health Research and Educational Trust (HRET)	National Center for Cultural Competence
	Acknowledge importance of cultural competency activities, policy-setting, and performance monitoring; reflect diversity of the community served.[24]	Set goals to improve organizational diversity and provide culturally competent care; mandate cultural competency training for everyone.[25]	Incorporate "cultural knowledge into policy-making, infrastructure, and practice."[26]
	"Commit to cultural competency... through written policies, practices, procedures, and programs."	Implement policies that support systematic data collection.	Identify the needs of the population served, provide services that are tailored to identified needs, and create policies to incorporate cultural competence into staff development.
	Systematically collect data and use it to assess cultural competency, and use data in decision-making.	Systematically "collect race, ethnicity, and language preference data." Use data to detect variation, compare patient satisfaction across groups, and "for strategic and outreach planning."	Collect and analyze data "according to different cultural groups (e.g., race, ethnicity, tribal/clan affiliation, language, age, gender, sexual orientation, geographic locale, religion, immigration/refugee status, socioeconomic status, literacy levels, and other factors)."[27]
	Actively engage with the community to exchange information and partner in organizational decision-making.	Identify "community organizations... and publications that serve racial/ethnic minorities for outreach...[and] partner with community leaders to work on health issues important to community members."	Allow community to determine its own needs; "Communities should economically benefit from collaboration;" engage community in "evaluation of language access...to ensure quality and satisfaction."
	Communicate clearly at all times with all patients and families.	Provide patients and families written communication in languages they can read. Ensure that interpreters are qualified.	Communicate with patients in their preferred language; written materials should be provided in the patient's preferred language.
	Care delivery and physical environment should be culturally appropriate; staff should receive cultural competence training.	"...signage, food...chaplaincy...patient information, and communications" should align with community diversity. Ensure that staff has cultural competency training.	Deliver care with a focus on the patient's preferences; provide professional development for all staff and governing board members to ensure understanding and acceptance of values, principles, and practices governing cultural competence.
	Human resources personnel should employ proactive recruitment, retention, and promotion strategies.	Implement staff mentoring program, engage in targeted staff recruitment, approach racial and ethnic minorities during recruitment, and measure staff diversity progress and report results to board of directors.	Employ a diverse, culturally and linguistically competent workforce; incorporate areas of awareness, knowledge, and skills in cultural and linguistic competence into job descriptions and performance evaluations.
	Builds consensus on national healthcare performance improvement goals www.qualityforum.org	Non profit research and education affiliate of the American Hospital Association www.hret.org	Provides national leadership on cultural and linguistic competency: http://nccc.georgetown.edu

End Notes

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- **Perspectives and Practices of New Hampshire Health Care Employers: Improving Quality, Reducing Costs, and Planning for the Future by Building Culturally Effective Health Care Organizations** (November 2013). http://iasp.brandeis.edu/pdfs/2013/Perspectives_Practices.pdf
- **Missing Persons? Health Care Workforce Diversity in New Hampshire** (March 2014). http://iasp.brandeis.edu/pdfs/2014/missing.pdf
- **Strengthening New Hampshire's Health Care Workforce: Strategies for Employers and Workforce Development Leaders** (December 2014). http://iasp.brandeis.edu/pdfs/2014/Workforce.pdf

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