



NQF
NATIONAL QUALITY FORUM



**CULTURAL
COMPETENCY**



A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency

A CONSENSUS REPORT

The mission of the National Quality Forum is to improve the quality of American healthcare by setting national priorities and goals for performance improvement, endorsing national consensus standards for measuring and publicly reporting on performance, and promoting the attainment of national goals through education and outreach programs.

This document includes the foreword and executive summary from the National Quality Forum report *A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency: A Consensus Report*.

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A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency: A Consensus Report

Foreword

EQUITY IS WIDELY ACCEPTED as a core aim of healthcare quality. Yet, disparities in the provision of healthcare in the United States are severe and pervasive, despite widespread documentation and numerous attempts to address them. Racial and ethnic minorities face disproportionately higher rates of disease, disability, and mortality. African Americans have higher death rates from heart disease, diabetes, AIDS, and cancer, and American Indians and Alaskan Natives have lower life expectancies and higher rates of infant mortality.

In order to reduce disparities and improve outcomes, a number of healthcare organizations are exploring ways to improve cultural competency—that is, to ensure that diverse patient populations receive high-quality care that is safe, patient and family centered, evidence based, and equitable.

The National Quality Forum (NQF), an organization dedicated to improving healthcare quality, has endorsed 45 practices to guide healthcare systems in providing care that is culturally appropriate and patient centered. This report presents those practices along with a comprehensive framework for measuring and reporting cultural competency, covering issues such as communication, community engagement and workforce training, and providing healthcare systems with practices they can implement to help reduce persistent disparities in healthcare and create higher-quality, more patient-centered care. This framework and these preferred practices were vetted through NQF’s Consensus Development Process, granting them special legal status as voluntary consensus standards.

The aim to reduce disparities and create more patient-centered, culturally competent care directly aligns with the goals of the National Priorities Partnership—a diverse coalition of 28 major national organizations representing those who pay for, receive, provide, and evaluate healthcare. NQF is both the convener and a member of this coalition that was formed to transform healthcare from the inside out.

NQF thanks the Cultural Competency Steering Committee and NQF Members for their efforts in helping achieve a healthcare system that recognizes that truly high-quality care is also culturally competent care.



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President and Chief Executive Officer

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Executive Summary

We envision healthcare that honors each individual patient and family, offering voice, control, choice, skills in self-care, and total transparency, and that can and does adapt readily to individual and family circumstances and differing cultures, languages, and social backgrounds.

—National Priorities Partnership, 2008

FOR TOO LONG, healthcare received by minority populations has been of poorer quality—even when factors such as access, health insurance, and income are taken into account. Unless these inequities are addressed and care becomes more patient centered, these disparities in health and healthcare will persist.

One major contributor to healthcare disparities is a lack of culturally competent care. Even as healthcare systems improve, without the provision of culturally appropriate services, medical errors, misunderstandings, and a lack of patient adherence may still increase because of differences in language or culture. Providing culturally appropriate services not only has the potential to reduce disparities and improve outcomes, but it also can create greater patient satisfaction and help to increase the efficiency of clinical and support staff.

Healthcare cannot be of high quality without being delivered in a culturally competent manner. This National Quality Forum (NQF) report, *A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency*, aims to promote culturally competent care, to reduce disparities, and to make care more patient centered. It does so by endorsing a comprehensive framework—a road map—for measuring and reporting cultural competency. It also endorses a set of 45 preferred practices to provide culturally competent care.

Overarching the framework are four guiding principles for measuring and reporting cultural competency. These principles are intended to be cross-cutting and to provide broad themes and direction that promote standardized measurement and reporting of cultural competency, drive practice improvement and measure development in cultural competency, and support implementation of policies and programs to improve cultural competency:

- Cultural competency in healthcare embraces the concept of equity, with patients having equal access to quality care and nondiscriminatory, patient-centered practices delivered by healthcare providers.
- Cultural competency is necessary, but not sufficient, to achieving an equitable healthcare system.
- Cultural competency should be viewed as an ongoing process and a multilevel approach, with assessments and interventions needed at the system, organizational, group, community, and individual levels. Cultural competency should not be viewed as an endpoint; rather, communities, organizations, and individuals should strive for continuous improvement.
- The successful implementation of cultural competency initiatives to achieve high-quality, culturally competent, patient-centered care requires an organizational commitment with a systems approach toward cultural competency. Addressing both organizational and clinical aspects when managing diversity and the needs of a diverse workforce, the surrounding community, and the patient population are important factors in providing culturally competent care.

The NQF-endorsed[®] framework for cultural competency establishes a conceptual model to identify and organize preferred practices and performance measures based on a set of seven interrelated domains (and multiple subdomains)

that are applicable to all settings and providers of care. Specifically, the seven primary domains for measuring and reporting cultural competency are:

1. **Leadership.** Leadership recognizes that healthcare providers, clinical and organizational leaders, the governance board, and the community share responsibility for and play an essential role in the development and implementation of cultural competency activities, in setting policy and strategy, and in monitoring organizational performance. Leadership must aspire to reflect the diversity of the community served.
2. **Integration into Management Systems and Operations.** Focusing on whether cultural competency is integrated throughout all management and operations activities of the organization is an essential component of supporting the delivery of culturally competent care.
3. **Patient-Provider Communication.** Clear communication at all levels and at all times among patients, clinicians, and support staff is essential for effective and culturally competent care.
4. **Care Delivery and Supporting Mechanisms.** From the first encounter to the last, care delivery structures and supporting mechanisms—the delivery of care, the physical environment where it is delivered, and links to supportive services and providers—should support the provision of culturally competent care.
5. **Workforce Diversity and Training.** Ensuring workforce diversity and training is a way to provide more effective services for culturally diverse populations through proactive recruitment, retention, and promotion strategies. Diversity at all levels of the organization is important. Training and development activities should include state-of-the-art content in cultural competency and should reflect organizational commitment to cultural competency.

6. Community Engagement. Active outreach and the exchange of information, as well as community inclusion and partnership in organizational decisionmaking, help ensure the provision of culturally competent care.

7. Data Collection, Public Accountability, and Quality Improvement. Organizations use these methodologies to collect the data needed to assess their cultural competency, to assess whether they perform routine self-assessments in this regard, and to assess whether they integrate cultural competency into their public accountability and quality improvement activities.

The framework is intended for all healthcare organizations—health plans, hospitals, small and large physician group practices, community-based organizations, clinics, nursing homes, dialysis centers, ambulatory care centers—

delivering care, including mental health services and oral health.

Although the framework provides organizational structure for measuring and reporting the quality of providing culturally competent care, significant advancement in this area requires systematic deployment of a comprehensive set of preferred practices—and ultimately performance measures—that address the framework’s domains. The 45 practices endorsed in this report will improve the quality of care through cultural competency and address the vision of the National Priorities Partnership. They can also serve as the basis for identification and/or development of quality measures that can be used for public accountability for the delivery of culturally competent care.

A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency

Domain 1: Leadership

- **Preferred Practice 1:** Create and sustain an environment of cultural competency through establishing leadership structures and systems or embedding them into existing structures and systems.
- **Preferred Practice 2:** Identify and develop informed and committed champions of cultural competency throughout the organization in order to focus efforts around providing culturally competent care.
- **Preferred Practice 3:** Ensure that a commitment to culturally competent care is reflected in the vision, goals, and mission of the organization, and couple this with an actionable plan.
- **Preferred Practice 4:** Implement strategies to recruit, retain, and promote at all levels of the organization a diverse leadership that reflects the demographic characteristics of the service area.
- **Preferred Practice 5:** Ensure that the necessary fiscal and human resources, tools, skills, and knowledge to support and improve culturally competent policies and practices in the organization are available.

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Domain 1: Leadership (continued)

- Preferred Practice 6: Commit to cultural competency through systemwide approaches that are articulated through written policies, practices, procedures, and programs.
- Preferred Practice 7: Actively seek strategies to improve the knowledge and skills that are needed to address cultural competency in the organization.

Domain 2: Integration into Management Systems and Operations

- Preferred Practice 8: Integrate into the organizational strategic plan clear goals, policies, operational procedures, and management accountability/oversight mechanisms to provide culturally competent services.
- Preferred Practice 9: Implement language access planning in any area where care is delivered.
- Preferred Practice 10: Implement reward and recognition programs to recognize specific individuals, initiatives, and programs within the organization that promote cultural competency.
- Preferred Practice 11: Market culturally competent services to the community to ensure that communities that need services receive the information.

Domain 3: Patient-Provider Communication

- Preferred Practice 12: Offer and provide language access resources in the patient's primary written and spoken language at no cost, at all points of contact, and in a timely manner during all hours of operation, and provide both verbal offers and written notices informing patients of their right to receive language assistance services free of charge.
- Preferred Practice 13: Determine and document the linguistic needs of a patient or legal guardian at first points of contact, and periodically assess them throughout the healthcare experience.
- Preferred Practice 14: Maintain sufficient resources for communicating with patients in their primary written and spoken languages through qualified/competent interpreter resources, such as competent bilingual or multilingual staff, staff interpreters, contracted interpreters from outside agencies, remote interpreting services, credentialed volunteers, and others, to ensure timely and high-quality communication.
- Preferred Practice 15: Translate all vital documents, at a minimum, into the identified threshold languages for the community that is eligible to be served.
- Preferred Practice 16: Translate written materials that are not considered vital when it is determined that a printed translation is needed for effective communication.

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Domain 3: Patient-Provider Communication (continued)

- Preferred Practice 17: Ensure that a qualified interpreter reads a document to a patient if the patient cannot read the translated document.
- Preferred Practice 18: Use “teach back” as a patient engagement tool to enhance communication between the healthcare provider and the patient during clinical encounters.
- Preferred Practice 19: Communicate key information about the proposed treatments or procedures for which patients are being asked to provide informed consent.
- Preferred Practice 20: Regularly assess attitudes, practices, policies, and structures of all staff as a necessary, effective, and systematic way to plan for and incorporate cultural competency within an organization.
- Preferred Practice 21: Include family members in healthcare decisions, when requested by the patient, when providing care for culturally diverse populations.

Domain 4: Care Delivery and Supporting Mechanisms

- Preferred Practice 22: If requested by the patient, provide resources such as provider directories that indicate the languages providers speak, so that patients can have access to this information.
- Preferred Practice 23: Develop and implement a comprehensive care plan that addresses cultural concerns.
- Preferred Practice 24: Consider cultural, spiritual, and religious beliefs that may complement or conflict with standard medical care.
- Preferred Practice 25: Adapt the physical environment where the healthcare is being delivered to represent the culture of the populations who access their healthcare in that environment.
- Preferred Practice 26: Use culturally appropriate care coordination services that take into consideration the cultural diversity of the populations seeking healthcare.
- Preferred Practice 27: Explore, evaluate, and consider the use of multimedia approaches and health information technology to enable the provision of healthcare services that are patient and family centered and culturally tailored to the patient.

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Domain 5: Workforce Diversity and Training

- Preferred Practice 28: Recruit and hire ethnically diverse providers and staff at all levels, including management levels.
- Preferred Practice 29: Actively promote the retention of a culturally diverse workforce through organizational policies and programs.
- Preferred Practice 30: Implement training that builds a workforce that is able to address the cultural needs of patients and provide appropriate and effective services as required by federal, state, and local laws, regulations, and organizational policies.

Domain 6: Community Engagement

- Preferred Practice 31: Engage communities to ensure that healthcare providers (individual and organizational) are aware of current and changing patient populations and cultural and communication needs and provide opportunities to share resources and information.
- Preferred Practice 32: Collaborate with the community to implement programs with clinical and outreach components to address culturally diverse populations, health disparities, and equity in the community.
- Preferred Practice 33: Utilize a variety of formal and informal mechanisms to facilitate community and patient involvement in designing, implementing, and evaluating the effectiveness of cultural competency activities.
- Preferred Practice 34: Healthcare professionals and organizations should engage communities in building their assets as vehicles for improving health outcomes.
- Preferred Practice 35: Use the methodology of community-based participatory research when conducting research in the community as a collaborative approach to research that equitably involves all stakeholders in the research process and fosters the unique strengths that the community brings to the process.

Domain 7: Data Collection, Public Accountability, and Quality Improvement

- Preferred Practice 36: Utilize the Health Research & Educational Trust (HRET) Disparities Toolkit to collect patient race/ethnicity and primary written and spoken language data from patients in a systematic, uniform manner.
- Preferred Practice 37: Ensure that, at a minimum, data on an individual patient's race and ethnicity (using the Office of Management and Budget categories as modified by HRET) and primary written and spoken language are collected in health records and integrated into the organization's management information systems. Periodically update the language information.

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Domain 7: Data Collection, Public Accountability, and Quality Improvement (continued)

- Preferred Practice 38: Utilize indirect data collection methodologies (e.g., geocoding, surname analysis) to characterize the race, ethnicity, and primary written and spoken language of a community for service planning and conducting community-based targeted interventions.
- Preferred Practice 39: Maintain a current demographic, cultural, and epidemiological profile of the community to accurately plan for and implement services that respond to the cultural characteristics of the service area.
- Preferred Practice 40: Apply a quality improvement framework to improve cultural competency and discover and eliminate disparities in care using the race, ethnicity, and primary written and spoken language information collected by the institution.
- Preferred Practice 41: Publicly report data for the applicable NQF-endorsed disparities-sensitive national voluntary consensus standards for ambulatory care stratified by race/ethnicity and primary written and spoken language.
- Preferred Practice 42: Regularly make available to the public information about progress and successful innovations in implementing culturally competent programs (especially the NQF-endorsed preferred practices for cultural competency), and provide public notice in communities about the availability of this information.
- Preferred Practice 43: Assess and improve patient- and family-centered communication on an ongoing basis.
- Preferred Practice 44: Any surveys created by or conducted by the organization must collect race, ethnicity, and primary written and spoken language, and analysis and results must be stratified by race, ethnicity, and primary written and spoken language.
- Preferred Practice 45: Ensure that conflict and grievance resolution processes are culturally sensitive and capable of identifying, preventing, and promptly and equitably resolving cross-cultural conflicts or complaints by patients or between organizational staff.