

**THE JOINT COMMISSION TELECONFERENCE  
ONE SIZE DOES NOT FIT ALL: MEETING THE HEALTH CARE  
NEEDS OF DIVERSE POPULATIONS  
MONDAY, APRIL 21, 2008**

**CATHY BARRY-IPEMA:** Hello and welcome to The Joint Commission news conference about meeting the health care needs of a diverse population. The authors of this Joint Commission report will speak about a newly developed framework designed to help health care organizations implement practices for meeting the needs of culturally and linguistically diverse patients. The roadmap to cultural competence is unique in each health care organization. The framework proposed in this report serves to help health care organizations meet the challenges to provide safe, quality care to patients in an increasingly complex system. Organizations can use this framework to take an in-depth look at their current practices and guide efforts to address the cultural and linguistic needs of the populations they serve.

Amy Wilson-Stronks, project director for Health care Disparities in the Division of Standards and Survey Methods at The Joint Commission, is a principle investigator of the report, and she will speak first, followed by Ignatius Bau, who is director of Culturally Competent Health Systems for the California Endowment in San Francisco, California. And finally, joining us is Susan Plaster, the director of Diversity for Fairview Health Services in Minneapolis, Minnesota. They will all discuss the key components of the framework, the cultural competence issues that health organizations need to anticipate, how organizations can apply this framework to perform a self-assessment, and will then answer your questions.

Before we get started, I want to remind you that a complete press kit is on our website and it includes the report, the self-assessment tool, as well as bios of today's speakers. Now, I'd like to introduce Amy Wilson-Stronks.

**AMY WILSON-STRONKS:** We're really pleased to be releasing the second in a series of research reports that we've been working on with funding from the California Endowment. The work in this report is based on research that we did at hospitals across the nation. And it was really exciting, because this is the first comprehensive study of its kind to really look at how hospitals across the country are dealing with issues related to culture and language and how those may impact health care disparity.

What we found in our first report released last year was that hospitals are indeed challenged to address these issues. They find it very difficult to understand how they should direct their resources. We found also that there are a range of practices that hospitals are employing, and some of those practices are really working well, but other practices have room for improvement. We also found that sometimes there were hospitals that had made efforts and had systems in place to address and meet their patients' cultural and linguistic needs. However, those systems were not always working. There was sometimes a lack of awareness among staff that the systems existed, or sometimes the systems were not in place in such a way that the staff felt comfortable utilizing them. We also found a general lack of awareness regarding desired or good practice versus less desirable practices in terms of meeting the needs, the cultural and linguistic needs, of patients. And that was more pronounced, certainly, with the use of language services with patients. What we recommended in that report was that there's a ways to go, and we made several recommendations.

The new report just released has actually looked at one of our research questions, which was to try to identify some promising practices that hospitals can employ to improve their efforts to meet the diverse needs of their patient populations. And what we did to establish this report was look at the practices that looked promising from the hospitals that participated in our study. And we had a range of practices, as I mentioned. And the

practices that we felt were promising were reviewed by a national panel of experts and agreed to be promising and useful for hospitals. So what we realized as we looked at those practices, as well as when we reflected on the site visits in the hospitals that were really making efforts in this area is that there isn't one solution that is going to be useful and work for every single hospital. So we decided to take a different direction with the report and focus on the themes and the commonalities among the practices that were deemed to be promising. And those are the four themes that serve as the basis of this report. Those themes include building a foundation, collecting and using data to improve services, accommodating the specific needs of patient populations, and lastly, establishing internal and external collaboration.

We also emphasize in the report that while this is not a one-size-fits-all solution, there's also not a one-time occurrence and one-time effort to meet these needs. We recommend a systemic and continual approach for hospitals. So it's not that a hospital system should look at one of these areas of focus such as building the foundation, but instead look at all of them. And the report, we believe, is very useful because it presents at the end a self-assessment tool for organizations to use. And the self-assessment tool is meant to bring stakeholders within the organization together. And also those stakeholders may include patients, and it would be very useful if they did include patients. And it's meant to encourage dialog among the stakeholders, to establish what current processes and systems are for meeting those needs, helping them identify those needs, and then brainstorming and identifying ways that those needs can be met that maybe aren't currently being met.

We emphasized, or want to emphasize to hospitals, that identifying gaps or identifying systemic problems is not necessarily a bad thing from this tool, because we hope that by identifying any gaps that the tool will help them identify ways to bridge those gaps.

So basically, we have a few general recommendations. First of all, it's important for hospitals and health care organizations to identify the needs of the patient population being served and assess how those needs are being met through current systems, and the tool can help them do that. It's also important for hospitals to bring people from across the organization together to explore cultural and linguistic issues. They should share experiences; they can evaluate current practices, and also during that time discuss barriers and identify gaps. We also feel that it's important to make assessment monitoring and evaluation of cultural and language needs and services a continual process. And lastly, reiterate that it's important for hospitals to implement a range of practices that span all four themes identified in this report in a manner that's aligned with the patient needs and the organization's resources.

So we're hoping that this is another step that The Joint Commission can take to help health care organizations and hospitals meet the needs of their patient populations. And this is the second in a series of reports. We have ongoing research to this end and hope that we can continue to serve as a resource.

**IGNATIUS BAU:** I'm a program officer and director at the California Endowment, and we are a private health foundation based in California. And we're delighted that the second report has been issued by The Joint Commission out of this project that we funded. As a foundation based in California, we're acutely aware of the issues of diversity in the patient population that hospitals and other health care systems face. We have many persons from around the world living in California who speak many languages, who bring lots of different cultures—religious and other cultures—to the health care encounter. And hospitals in California are facing, perhaps as much as any hospitals and health systems in the country,

the challenges of meeting the needs of those very, very diverse patients and insuring that those patients receive quality care from those hospitals and health systems.

And so we are really happy that what The Joint Commission has done is engage in this research to really identify, not just at a conceptual level, but really at a very, very practical level what hospitals are doing to meet these challenges. And this report documents many examples of how hospitals, in fact, are meeting those challenges by adapting their systems of care, by changing the way that they identify patient needs, by making physical changes in the way that the hospital is structured or the patient flow encounter happens, and really paying attention, probably most importantly, to the issue of provider and patient communication, which The Joint Commission has also done a lot of work around in terms of patient safety, as well as just overall improving the quality of care and really emphasizing that when there is a cross-cultural encounter with a diverse patient that those issues of provider-patient communication are even heightened and to be aware of issues of literacy, issues of language, issues of culture. Even if there is an interpreter present and the same language is being spoken, that there may be some cultural assumptions that also need to be paid attention to.

And in California, and then we'll hear from Sue Plaster in a moment, I'm happy to report that hospitals and health systems are also beginning to address these challenges by the data collection that is recommended in this report, making sure that the language needs and the cultural needs of patients are identified upon intake and throughout the encounter and the visit or the stay at the hospital by designating staff to serve as interpreters and making sure that those staff are trained and assessed for their skills and that the providers that use those interpreters also have training and orientation on how to use those interpreters, and then finally making sure that the overall organization, and particularly the clinicians within that organization, are aware of the different issues that are raised when

there are cross-cultural encounters with diverse patients; to ask questions of those patients, to make sure, again, in the best of provider-patient communication techniques, that the patients are asked what they understand to be the diagnosis and the treatment plan, so that when they leave that encounter they have that understanding and those kinds of understandings; they're not just assumed by those providers. And I think as Amy mentioned, this is a continuous process. It's an ongoing challenge, given all the other challenges that hospitals and health care systems face today. But it is one that can be met, and this report will go a long way in continuing to not only highlight those challenges, but also again to share with the field who want to do better and improve their performance on these kinds of issues of improving quality for these patients, how precisely they might be able to begin to address that, not only with the specific practices that are highlighted, but also by using the assessment tool to do their own assessment and diagnosis how they might improve the quality of care for these diverse patients.

**SUSAN PLASTER:** I'm the director of Diversity for Fairview Health Services in Minneapolis, Minnesota, and it's a statewide health services organization. My role is to lead the Office of Diversity for the organization, which is a central resource. And I also lead the organization's Diversity Change Initiative, which is the work of both leaders and advocates throughout the Fairview System, so I really appreciate the opportunity to listen in on this press conference today. And I'm also very appreciative of The Joint Commission's leadership, because with the two studies that we've had a chance to look at so far, it's a comprehensive look at hospital care from the perspective of ethnic and linguistic diversity, and it's also following with a practical tool that I think this perspective of self-assessment is really one that we can apply in a health care setting.

And so I'll say a little bit more about that, but I'd like to just suggest that if we were to fast-forward five to 10 years from now and think about these matters of cultural competence and cultural responsiveness that are really in the spotlight in this study, I think that what we're going to see is more and more of a focus around competence itself, and the idea of cultural competence will blend into that larger sense of competence. And I see this happening because I think more and more hospitals are focusing, as ours is, on goals like exceptional patient care and exceptional patient and family experience that really put the patient in the center of the experience. And I think that's at the heart of this study. And the report that I had a chance to look at in advance, the assessment tool that you've designed really is another opportunity to look at making care more patient-centered.

I think that many of us that have been engaged in diversity and cultural competence work in health care see such tremendous opportunities; and Ignatius, I think you've outlined some of them so well, that we see the gaps quite clearly, and we see the opportunities for better service to individual patients and to entire populations. And what the assessment tool does, I think, is give us a better yardstick. And Amy, your point about continuously evaluating and monitoring is a very significant one. The tool is an instrument to integrate cultural competence into both our care model and our care mindset. And that is one thing that is already underway in many of our organizations.

Our system's diversity efforts become more institutionalized and more integrated into who we are and how we serve every year. An example of that is that we started doing welcoming audits at some of our hospitals and clinics in 2002 where our diversity advocates would go out, and using a protocol, we would sit in the lobbies and clinics and observe every aspect of the welcoming environment offered to our patients in communities. And we were doing that on spec. We were doing that at our own initiative. And by 2005, that had transformed, and now it's the leaders of those organizations or the staff in those

organizations that are inviting us and asking us to come and perform the audit. And I think that that is a wonderful dynamic that we're seeing, and it's another example of this idea of how empowering it is to have self-assessment tools at the ready.

**QUESTION:** Can you tell me a little bit about how you think nurses specifically should be involved in this process?

**AMY WILSON-STRONKS:** I think one of the things that we tried to emphasize in our report is I don't think there's anybody that should be excluded from their involvement in this. We tried to identify some key stakeholders that should definitely participate in things such as diversity audits, or diversity councils, or diversity initiatives, and address issues related to cultural competence. But as those of us in health care and those of us who receive health care know, we are often interacting with the frontline staff, who are often nurses. So nurses play an essential role, and I'm sure Sue can expand on this. But they are often the people who are interacting most frequently and most directly with patients. The training and the competencies, as both Ignatius and Sue have pointed out, are really important, making sure that nurses are trained on identifying language needs, identifying and being sensitive to potential cultural barriers, making sure that nurses are aware of things that should be documented and recorded so that as a patient proceeds through the care process that that information is communicated to subsequent care providers.

One of the things that we found when we visited hospitals was often there are systems in place, but those systems fail. And while no system is foolproof, I think the more attention that is put to continuous monitoring and continually working to improve the competencies of staff and reminding staff of what the systems are, there's less likely chance of failure. We tend to think of this—and this is not my quote—but that cultural competence

is a journey and not a destination. And that's really sort of what we were trying to promote in this particular piece.

**SUSAN PLASTER:** I think at the foundation, and one of the foundational pieces that you talk about is kind of the four themes, nurses are a key part of our advocacy group. So, for example, our Fairview Diversity Council, which is system wide, and then on our site diversity teams at the individual hospitals and clinic organizations, there are typically nurses on those teams serving as advocates for change and as people that offer specific information about what needs to change. So I think that continuous involvement by nurses has been really significant to us.

This is an interesting week for me to be participating in this study, because I was preparing over the weekend for in-services that I'm doing this coming week that will reach more than 100 nurses in different care units, both in hospitals and clinics. And I was thinking how it is indeed both the leadership and the diversity advocates, as well as the nurses, that are such an impetus for this type of education, because it is nurses that want to learn what it is that will make them be able to provide better patient care. And they often are the lobbyists that say we'd like to get more learning about more of this information that will help us serve patients and specific populations. So I really think as agents of change, the participation of nurses is critical, and I find—not to generalize—but they do have a tremendous desire to do good and to do well. At least in our health system, nurses are part of that leading edge for change.

**CATHY BARRY-IPEMA:** I'd like to thank everyone for participating in today's call. Again, the press kit is posted on our website, and a playback of today's call will be posted on our

website as well. If you have any other questions, please call us at 630-792-5175. Thank you very much for joining us, and have a good day.