Hospitals, Language, and Culture (HLC) is a qualitative cross-sectional study, funded by a grant from The California Endowment, designed to provide a snapshot of how 60 hospitals across the country are providing health care to culturally and linguistically diverse patient populations.

**Research Questions**

This project seeks to answer the following questions:

- What challenges do hospitals face when providing care and services to culturally and linguistically diverse populations?
- How are hospitals addressing these challenges?
- Are there promising practices that may be helpful to and can be replicated in other hospitals?

Meeting the needs of America’s increasingly diverse population is an ongoing challenge for health care providers. Results from the study will serve as a foundation for setting realistic expectations for hospitals to meet the cultural and linguistic needs of the populations they serve.

**Key Findings**

In March 2007, The Joint Commission released “Exploring Cultural and Linguistic Services in the Nation’s Hospitals: A Report of Findings” (available at: http://www.jointcommission.org/PatientSafety/HLC/). Key findings include:

- Culture and language are challenging issues to address.
- There are a wide range of practices related to meeting the cultural and linguistic needs of patients as well as varied interpretation of what is considered a “good” versus a “poor” practice.
- A gap exists between current and desired practice, particularly related to the provision of language service; this may be attributable to a lack of resources, but in some cases where resources are available, they are not used or processes are not followed.
- Data use and collection is inconsistent across and within hospitals.
- There is a need for greater clarity in the Joint Commission standards regarding the provision of language services.

**Ongoing Work**

To further explore these issues and provide recommendations hospitals can implement to improve safety and quality, HLC is working on a number of projects that are highlighted in the following pages.
One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations

Background

The Hospitals, Language, and Culture (HLC) study was designed to provide a better understanding of current activities in hospitals across the nation that pertain to the provision of culturally and linguistically appropriate services. Participating hospitals identified a number of common challenges including the complexity and multiplicity of language, dialect, and cultures encountered; the need for a diverse workforce at all levels; a lack of resources; and a lack of formal processes and communication that ensure each patient understands information related to their care. In order to meet this complex array of issues, it is important to identify and study practices that may be promising in addressing communication-vulnerable patients. While the field of culturally and linguistically appropriate health care moves toward uncovering an evidence base, the health care industry needs to gear up to employ practices that will meet the needs of increasingly diverse patient populations.

Project Overview

The thematic framework presented in this report was derived from current practices that hospitals are employing to provide care and services to diverse patients. As the current practices mentioned in the report illustrate, there is no “one size fits all” solution, and the roadmap to cultural competence is unique for each organization. However, based on data gathered from the HLC study, this report recommends that organizations:

- Identify the needs of the patient population being served and assess how well these needs are being met through current systems
- Bring people across the organization together to explore cultural and language issues by sharing experiences, evaluating current practices, discussing barriers, and identifying gaps
- Make assessment, monitoring, and evaluation of cultural and language needs and services a continuous process
- Implement a range of practices spanning all four themes in a systemic manner aligned with patient needs and organizational resources

To help health care organizations tailor initiatives to meet the needs of their diverse patient populations, this report includes a self-assessment tool that organizations can use to initiate discussions about the needs, resources, and goals for providing the highest quality care to every patient served.

Research Questions

- What practices reported by administrative leaders at 60 hospitals across the nation have emerged as promising?
- Which promising practices meet some of the needs and challenges experienced by hospitals related to linguistic and cultural diversity and communication-vulnerable patients?
- How can hospitals learn from each others’ practices and collaborate to pool their resources in the provision of linguistically and culturally competent and safe care?
From the Perspective of the CEO: What Drives Hospitals to Provide Culturally and Linguistically Appropriate Care?

Background
As our nation’s demographics continue to change, more hospitals will find it necessary to consider devoting significant resources to providing culturally and linguistically appropriate services. Some hospitals have already committed to set forth millions of dollars to improve care through the provision of language services, cultural competence training, and improved data collection methods, while others have not. Given that the cost-benefit of providing culturally and linguistically appropriate services is difficult to quantify, we are seeking to understand what factors organizational leaders consider when making the decision to invest now or wait.

Project Overview
The Hospitals, Language, and Culture (HLC) study provided a unique opportunity, allowing researchers to sit down with sixty hospital CEOs and other top leadership to discuss issues related to the provision of health care to culturally and linguistically diverse patients. This investigation, done in collaboration with Sunita Mutha, MD, at University of California, San Francisco, will look at CEO perspectives on providing health care to culturally and linguistically diverse patient populations. It will explore what drives some to embrace cultural and linguistic services as “the right thing to do” while others see it as a “burden” on an already taxed health system. Our goal with this effort is to better understand what motivates hospital leaders (CEOs) to embrace and or champion efforts to improve the delivery of health care for culturally and linguistically diverse populations, while others remain ambivalent, resistant or, worse, unaware.

Research Questions
- What drives hospital CEOs to make the provision of culturally and linguistically appropriate care a hospital priority?
- Are there differences in the perspectives of the CEOs from the HLC stratified sample and the HLC judgment sample?
- Are there any indicators that demonstrate CEO commitment to these issues can impact the safety and quality of care to patients?
- Are there any differences or similarities in the perspectives of CEOs in California hospitals to those of CEOs across the nation?

“[T]he biggest challenge is making certain that staff and employees [practice] cultural sensitivity. This is a people business and as much as the CEO might issue an edict... It does not happen unless you invest in your employees.”

- CEO from a western region hospital

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Background

Health care is communication-dependent and involves multiple players across numerous disciplines and departments. All processes, including assessment, diagnosis, prognosis, informed consent, treatment, and education, rely on the interaction between patient and provider, and misunderstandings at the patient-provider level may contribute to poor quality care and adverse events. It is currently estimated that 35 million U.S. residents are foreign born, and 52 million people speak a language other than English at home. In addition, 1 in 12 people report that they speak English less than “very well” and are classified as limited English proficient (LEP). As the diversity of the U.S. population increases, health care organizations must recognize and consider the communication needs of their patient population(s) to provide safe, quality care.

Project Overview

One component of the Hospitals, Language, and Culture (HLC) study was to complete a simulated “patient-centered assessment” at each institution in which clinical and support staff were presented a hypothetical patient case. This investigation, in collaboration with Elizabeth Jacobs, MD, MPP, at John Stroger Cook County Hospital and Rush Medical College, will examine the experience of Mr. Juan Lopez, a hypothetical LEP patient, as he navigates the health system at 60 hospitals across the country. The project promises unique insight into how a typical LEP patient is treated at different organizations, whether his treatment varies with hospital characteristics, and the hospitals’ orientation towards the provision of culturally competent care. The study follows Mr. Lopez across the continuum of care and highlights the interactions of a LEP patient with a spectrum of hospital staff. Interviews were conducted with an emergency department (ED) triage nurse, an ED floor nurse, an ED physician, a radiology technician, a surgical nurse, a certified nursing assistant, a housekeeper, a social worker/discharge planner, and an interpreter at each site, when possible. Research findings will include implications for both hospital practice and policy and current Joint Commission standards.

Research Questions

- In what proportion of encounters did Mr. Lopez receive “appropriate” communication with his practitioner? Is it dependent on the type of staff he encounters?
- How did staff respond to Mr. Lopez’s cultural health beliefs? What percent of responses could be considered “culturally sensitive”?
- Do hospitals that met Mr. Lopez’s linguistic needs and appropriately incorporated cultural beliefs into his care share any common characteristics?
- What does Mr. Lopez’s experience at these hospitals indicate about the need for further investigation of language services and cultural competency, especially in regards to the enforcement of Joint Commission accreditation standards?

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Juan Lopez:
One Limited English Proficient Man’s Experience
at 60 Hospitals

“[If he doesn’t understand English,] I [would use] some form of sign language [to] try to explain to him that he has severe pain in his abdomen and he probably needs an operation. The other thing I could show him is pictures of a surgeon where he probably has to open up the abdomen to perform the procedure.”

- Emergency Department physician
Bringing the Data Home
Supporting The Joint Commission’s Role in Promoting Culturally and Linguistically Appropriate Health Care

Quality health care and patient safety are dependent upon effective communication. Hospitals increasingly encounter patients with language barriers who require an interpreter to meet their communication needs. Research shows a higher risk of error when using untrained interpreters versus trained, professional interpreters, and patients have a better understanding of their care when an interpreter is provided. Under Title VI of the U.S. Civil Rights Act of 1964, recipients of federal assistance from the U.S. Department of Health and Human Services cannot engage in policies or practices that have the effect of discriminating against individuals on the basis of national origin, including policies or practices that preclude or inhibit equal access to a recipient’s programs and activities for Limited English Proficient (LEP) persons. The Office for Civil Rights’ guidance for compliance with Title VI states that LEP persons must be notified of the availability of free interpreting services, and the services must not rely upon friends or family to interpret. Currently, Joint Commission standard RI.2.100, Element of Performance 3 requires the provision of “interpretation and translation services” as necessary. The Joint Commission is committed to communicating a uniform message around the idea that the provision of language services is a component of safe, quality care. As there are various audiences that need to be reached with this message, a number of ongoing efforts support this goal.

Overview of Projects

- **Joint Commission Perspectives.** The article “Promoting Effective Communication — Language Access Services in Health Care” was featured in the February 2008 issue of *Joint Commission Perspectives* to provide the field with guidance around language access issues.

- **Joint Commission Standards.** The complete list of 2008 Joint Commission requirements related to the provision of culturally and linguistically appropriate health care and the crosswalk document of Joint Commission standards and the Office of Minority Health’s National Standards for Culturally and Linguistically Appropriate Services (CLAS) are available on our website (http://www.jointcommission.org/PatientSafety/HLC/).

- **Surveyor Needs Assessment and Education.** A questionnaire was developed to evaluate Joint Commission surveyors’ level of understanding and scoring practices related to the provision of culturally and linguistically appropriate services. Data will identify topics to address in ongoing surveyor education. At the 2008 Annual Invitational Training Conference, surveyors participated in a simulated patient tracer activity that features a LEP patient and emphasizes several culture and language issues. The HLC staff will also host a booth where surveyors can ask questions and obtain information sheets with resources and practical tips they can use on-site.

- **Surveyor Distance Learning.** A comprehensive distance learning module entitled “Improving Patient-Centered Care: Effective Communication” focuses on the importance of effective patient communication in the context of patient safety, federal and state laws and regulations, Joint Commission standards, current research studies, and other useful resources.

- **Title VI Collaboration.** In order to raise awareness of Title VI and its relation to the provision of language services, The Joint Commission is collaborating with the Office for Civil Rights to create multimedia educational materials of Title VI, Section 504 of the Rehabilitation Act of 1973, and their provisions for key stakeholders.

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Meet the Hospitals, Language, and Culture Staff

**Amy Wilson-Stronks, MPP, CPHQ, Principal Investigator**
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Amy is the Principal Investigator for The Joint Commission study *Hospitals, Language, and Culture: A Snapshot of the Nation* (HLC) funded by The California Endowment and co-investigator for The Commonwealth Fund supported project developing hospital standards for culturally competent patient-centered care. She is the co-author of *Hospitals, Language, and Culture: A Snapshot of the Nation Report of Findings* published in March 2007 and *One Size Does Not Fit All: Meeting the Healthcare Needs of Diverse Populations* published in April 2008. She is a member of several national advisory panels including: the Advisory Committee for the National Council on Interpreting in Health Care, The Institute for Diversity’s Diversity Leadership Benchmark Study Expert Panel, The Hastings Center’s Professional Chaplaincy and Quality Improvement Working Group, Association of Professional Chaplains Quality Commission, Advisory Committee for the National Conference Series on Quality Care for Culturally Diverse Patients, and the Hablamos Juntos Translation Quality Assessment Advisory Group. Amy earned her Master of Public Policy in Health Policy and a Graduate Certificate in Health Administration and Policy from the University of Chicago and is a Certified Professional in Healthcare Quality.

**Karen Lee, MS, Senior Research Associate**
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Karen is a Senior Research Associate in the Division of Standards and Survey Methods working on the HLC study. She is currently working on the Juan Lopez project and managing HLC dissemination activities including presentations, communication materials, and other collaborations. Prior to joining The Joint Commission, she was developing consumer-oriented multimedia education materials on various health topics with State of the Art, Inc. Karen earned her Master of Science in Public Health from Harvard University.

**Isa Rodriguez, Senior Secretary**
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Isa is a Senior Secretary in the Division of Standards and Survey Methods working on the HLC study as well as on the development of culturally competent patient-centered standards for hospitals. Isa has many years of experience in health care settings, most recently as the Business Office Manager for the 900 North Michigan Surgery Center in Chicago. She volunteers with the University of Chicago Comer Children’s Hospital by serving on their Family Advisory Board.

**Christina Cordero, PhD, MPH, Project Manager**
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Tina is a Project Manager in the Division of Standards and Survey Methods working on the development of hospital standards for culturally competent patient-centered care. She is also currently providing support for the HLC study’s Juan Lopez project, an investigation of one LEP man’s experience at 60 different hospitals. Tina earned both her Doctor of Philosophy in Immunology and Microbial Pathogenesis and Master of Public Health degrees from Northwestern University.

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Find Out More About the HLC Study

The HLC study has updated and redesigned its website with easier to navigate pages, downloadable reports and resources, additional links, and more! Read about the current HLC research projects, meet the staff and advisors, and access information on Joint Commission standards in support of language and culture issues. To visit the HLC website, go to

www.jointcommission.org/PatientSafety/HLC/

You can also email questions to hlc-info@jointcommission.org
Developing Hospital Standards for Culturally Competent Patient-Centered Care

In August 2008, The Joint Commission, with funding from The Commonwealth Fund, began developing accreditation standards for hospitals that will promote, facilitate, and advance the provision of culturally competent patient-centered care. Under the direction of Paul Schyve, MD and Amy Wilson-Stronks, MPP, CPHQ, this 18-month project will increase national attention to cultural competence, highlight its intersection with patient-centered care, and improve the safety and quality of care for all patients. Additionally, The Joint Commission, in collaboration with the National Health Law Program, will design an implementation guide to prepare Joint Commission surveyors and accredited hospitals for the release of the new and revised standards addressing culturally competent patient-centered care. The duration of the project is August 2008 through January 2010.

- The project will explore how diversity, culture, language, and health literacy issues can be better incorporated into current Joint Commission standards or drafted into new requirements.
- The culturally competent patient-centered care standards will build upon previous studies and projects, including the research framework from The Joint Commission's ongoing *Hospitals, Language, and Culture: A Snapshot of the Nation* study and evidence from the current literature.
- A multidisciplinary Expert Advisory Panel, representing a broad range of stakeholders, will provide guidance regarding the principles, measures, structures, and processes that will serve as the foundation for the culturally competent patient-centered care standards established through the project.

The project team is comprised of key staff that have played an active role in The Joint Commission's work to improve health care to diverse populations. In addition, staff from the National Health Law Program will provide consultation during all aspects of the standards development process and lead the design of the implementation guide. The project team includes the following individuals:

**The Joint Commission:**

**Project Co-Directors:** Paul Schyve, MD  
Senior Vice President  
Amy Wilson-Stronks, MPP, CPHQ  
Project Director, Division of Standards and Survey Methods  
Principal Investigator, *Hospitals, Language, and Culture: A Snapshot of the Nation* study

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