

**Culturally and Linguistically Appropriate Healthcare Briefing Document
Presented to the Governor's Interagency Council on Health Disparities
September 20, 2007**

Culturally and linguistically appropriate healthcare refers to health care services that are respectful of and responsive to the health beliefs and practices and cultural and linguistic needs of diverse patient populations. This briefing document highlights selected findings from a survey of 60 hospitals across the nation. Thirty of the surveyed hospitals were hand-selected for already employing promising practices in the area of cultural and linguistic services, while the other thirty hospitals were selected by a stratified random sample. Therefore, results presented in this briefing document likely overestimate the extent to which hospitals have addressed language and cultural issues.

CRITERION #1: MAGNITUDE

- 43% of hospitals do not have designated executives with direct responsibility for cultural and linguistic competency.
- 70% of hospitals do not stratify quality improvement measures by patient demographics.
- 45% of hospitals do not have plans to recruit and retain a diverse workforce.
- 68% of hospitals do not have new employee orientation programs for physicians that address the provision of culturally and linguistically appropriate care – 23% do not have such programs for other clinical staff, 24% do not have programs for senior management and 57% lack programs for residents and students. Ongoing training was even less frequent.
- 40% of hospitals do not have written policies and procedures that address the provision of culturally and linguistically appropriate patient care services.
- 43% of hospitals do not have competency assessments for interpreters and bilingual staff.

CRITERION #2: ASSOCIATION TO HEALTH OUTCOMES

- Cultural and linguistic competence in healthcare is associated with improved access, utilization, and quality of care.
- Culturally competent cancer prevention and screening patient education programs have been shown to improve positive health behaviors and cancer screening rates.
- A tobacco cessation counseling program that was adapted to be culturally competent was shown to increase quit attempts and resulted in higher quit rates.
- Culturally appropriate diabetes self-management programs have been shown to result in improved indicators of diabetes control and diabetes knowledge.
- Healthcare facilities with cultural competence policies were shown to result in improved asthma management and higher patient satisfaction with care received.

CRITERION #3: DISPARITY

- Data from 1999 in King County revealed that 16% of African Americans, 7% of Asians and Pacific Islanders, 4% of whites, and 2% of Hispanic/Latinos felt that they had been discriminated against while obtaining medical care.
- Data from 1995-1996 in King County found that 29% of African Americans felt that they had ever experienced discrimination while seeking medical care because of their race/ethnicity/color, compared to 1% for white residents. Proportions for other races/ethnicities were 12% for Hispanics/Latinos, 15% for Filipinos, 15% for Koreans, 8% for Chinese, 5% for Japanese and 5% for Vietnamese residents.

Sources: (1) The Joint Commission (2007). Hospitals, Language, and Culture: A Snapshot of the Nation. Accessed at: <http://www.jointcommission.org/PatientSafety/HLC/> on 9/5/2007. (2) Public Health – Seattle & King County (2001). Racial and Ethnic Discrimination in Health Care Settings. Accessed at: <http://www.metrokc.gov/health/reports/ethnicity.htm> on 9/5/07. (3) The Commonwealth Fund (2006). The Evidence Base for Culturally and Linguistic Competency in Health Care. Accessed at: http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=413821& on 9/5/07.