



CULTURALLY APPROPRIATE CARE COMPENDIUM

HANYS Health Equity Task Force | Culturally Appropriate Care subgroup

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As stated in [HANYS' Health Equity Task Force priorities: Quick guide](#), efforts to address racial and ethnic disparities will be effective only when the healthcare system develops cultural humility to deliver services that meet the social, cultural and linguistic needs of patients while improving health outcomes and care quality. Strong leadership, time investment and resource allocation are critical to success.

The Culturally Appropriate Care subgroup of the HANYS Health Equity Task Force recommends the following steps to ensure organizations are providing culturally appropriate care.

Complete a Community Health Needs Assessment to understand your community

Complete a CHNA to gather comprehensive information about your community's current health status, needs and issues, and use this information to develop a plan to provide culturally appropriate care.

Getting started

- Leverage data from your CHNAs.** The New York State Department of Health asks local health departments and hospitals and health systems to work together with community partners to identify and address local health priorities through a Community Service Plan. The "Comprehensive CSP," which includes a CHNA, is required every three years, and provides valuable information about your community.
 - Collaborate to develop one CSP plan per county to leverage the efforts and resources of all health organizations in a community toward shared community health goals, improve effectiveness and reduce duplication.
 - Consider using your local health department's community health assessment tool to simplify the CHNA process.
- Collect additional data.** Collect sexual orientation and gender identity; race, ethnicity and language; social determinants of health; patient location demographics; and existing community partnerships data to complement your CHNA data.
- Analyze the data to select priorities.** Review data collected to select priority community health issues to address.
- Communicate results.** Ensure there is a method to communicate CHNA results to staff so they understand the needs of the community they serve.
- Develop and implement a plan.** Adapt policies to meet the health needs identified to better support culturally appropriate care.

Want to learn more?

- [NYS Community Health Planning Guidance:](#) Contains templates for letters to start a CHNA and links to current community health data for assessment and planning.
- [CDC Community Health Assessments and Health Improvement Plans:](#) Describes how to conduct a CHNA.

Recruit and support a culturally diverse workforce

By recruiting and supporting a culturally diverse workforce, your organization is more likely to provide care that addresses the cultural needs of the community you serve.

Getting started

1. Use community assessments and employee data to assess how well your workforce reflects your community and identify gaps.
2. Adjust recruiting efforts to ensure your workforce reflects your community.
3. Ensure that your interview process reflects your organization's commitment to cultural diversity. Provide support and training to human resource staff on how to use inclusive language, request pronouns in interview scripts and arrange for an interpreter/American Sign Language services, etc.
4. Create an environment that clearly supports a culturally diverse workforce by taking the following steps:
 - Designate an individual to lead activities to reduce healthcare disparities for the organization's patients.
 - Support a diversity, equity and inclusion committee that will become a trained resource for the facility and can assist with other policy and DEI issues. Include in the DEI committee voices from all levels of the healthcare facility, not just management, and do not limit participants to DEI allies only.
 - Listen to voices from the community on how healthcare facility/employee-patient relationships can be improved.
 - Conduct outreach to diverse groups.
 - Include diverse community voices (racial, LGBTQ+, socioeconomic) in your patient advisory council.
 - Celebrate cultural holidays based on input from your workforce.
 - Provide workforce diversity training opportunities, including in-person/live virtual, and online training that is engaging and challenging. For example, bring in community leaders who have DEI training and use available resources, such as HANYS' webinars, The Joint Commission resources and the resources listed here.

Want to learn more?

- [AHRQ Health Literacy Universal Precautions Toolkit](#): Supports practices to reduce the complexity of healthcare, increase patient understanding of health information and enhance support for patients of all health literacy levels.
- [HANYS Advancing Healthcare Excellence and Inclusion Collaborative resources](#): Includes patient education and staff training materials.

Develop and implement policies that support culturally appropriate care

Institutional racism affects the attitudes, beliefs and behaviors of one individual toward another (personally mediated) and how individuals perceive themselves (internalized). This influences how patients engage with healthcare and their health. To improve patient engagement and outcomes, develop and implement policies that support culturally appropriate care.

Getting started

1. Identify and create policies relating to these issues¹:
 - **Environment.** What we see in our practice, such as signage, artwork and accommodations.
 - **Culture.** How we treat each other and our patients.
 - **Incident reporting.** How to safely report, respond to and resolve employee and patient complaints and events.
 - **Staffing.** Outreach, recruiting, orientation and training practices.
 - **Patient safety.** Goal setting and prioritization, root cause analyses and serious safety event management.
 - **Quality of care.** Plan of care, nursing and physician practice, clinical algorithms, goal setting and prioritization.

2. Establish a committee to review and redline policies. Members of this committee should represent key affinity groups that represent your patients and staff. Committee members should independently review policies for the following:
 - **Goals**
 - ♦ Does the policy speak to how instances of discrimination or marginalization will be identified and mitigated?
 - ♦ Does the policy outline a safe method of escalation for patients and staff?
 - **Keywords**
 - ♦ Highlight terms that fall under the umbrella of discrimination, such as harassment, bullying, etc.
 - **Clarity**
 - ♦ Is the policy clear, easy to read and easy to understand?
 - ♦ Does the policy clearly state how an employee would comply with its terms?

3. Gather committee members to discuss how to adapt policies to support more culturally appropriate care.

4. Modify policies based on committee recommendations and have staff test scenarios against the policies and rate their experience navigating the healthcare system.

Want to learn more?

- [Health Affairs* Structural Racism in Historical and Modern US Health Care Policy](#): Provides context of structural racism in health-care coverage, financing and quality.

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¹You may be able to find others searching the keywords “harassment,” “bullying,” “discrimination,” “racism,” “violence” and “intimidation.”

Invest in a complaint/grievance process that supports cultural diversity

Invest in a complaint/grievance process that:

- meets regulatory requirements;
- ensures that employee resource groups are responded to in a fair manner that promotes mutual confidence and trust;
- provides a safe environment that is sensitive to protecting the rights of marginalized and vulnerable groups; and
- ensures social inclusivity of employee resource groups relevant to the practice's community.

Getting started

1. Identify employee resource groups in your community.
2. Prioritize which groups are likely to be most impacted by your complaint/grievance process, then partner with community-based organizations, organized affinity groups or your patient-family advisory council (assuming it adequately represents your community) to seek input on culturally appropriate ways to address complaints and grievances.
3. Learn about cultural attributes, customs and traditions that may influence or impede the ability to express grievances, including differences in roles and responsibilities of marginalized groups and cultural sensitivities and taboos.
4. Develop and disseminate a policy that outlines the complaint/grievance process and review that policy periodically to ensure it is still culturally appropriate. Ensure that the policy speaks to how instances of discrimination and marginalization will be identified and mitigated and outlines a safe method of escalation for patients and staff.

Want to learn more?

- [Sibanye-Stillwater Complaints and Grievance Procedure](#): Provides information on complaints and grievance procedure principles, with flow charts from an international company.

Ensure your EMR captures health-related social needs to better track and identify solutions to improve patient and community health

Building electronic medical record capabilities to capture health-related social needs promotes health equity and can improve care. Data helps an organization plan for the healthcare needs of patients on an individual and population health level. It provides the potential for enhanced Medicaid reimbursement rates for patients identifying one or multiple social needs and positions organizations for greater regulatory compliance.

CMS is pushing for the collection and use of comprehensive, interoperable, standardized individual-level demographic data (including race, ethnicity, language, gender identity, sex, sexual orientation, disability status and SDOH) to ensure providers understand the needs of those they serve and that individuals have access to equitable care and coverage. The Joint Commission also requires organizations to assess the patient’s health-related social needs and provide information about community resources and support services.

Getting started

1. Improve EMR interoperability:
 - To improve ease of data exchange within a healthcare system, consider moving to a single EMR platform, as EMRs have different capabilities.
 - Establish partnerships with community-based organizations. Closed loop referrals made directly from an EMR provide a means for healthcare professionals to exchange patient referral information with a CBO, which can improve patient safety and clinical care coordination.

2. Collect and report data to support culturally appropriate care:
 - Standardize data collection. Educate staff on the importance of and rationale for data capture. HANYS’ Advancing Healthcare Excellence and Inclusion’s *We Ask Because We Care* program provides resources on the importance of collecting data on race and ethnicity, including a [staff training video](#) and [sample script for staff](#).
 - Devise methods to disaggregate data by demographics to determine if there are inequities in outcomes or patient experience. For example, hypertension control by gender or race. Consider using the factors shown in Figure 1 to disaggregate data.
 - Share data and be transparent within the system and beyond so everyone understands where the inequities are, what solutions and improvements are being made and where future improvements should be targeted.

Want to learn more?

- [The Commonwealth Fund Return on Investment \(ROI\) Calculator for Partnerships to Address the Social Determinants of Health](#): Designed to help CBOs and their health system partners plan sustainable financial arrangements to fund the delivery of social services to high-need, high-cost patients.
- [The Joint Commission R³ Report | New Requirements to Reduce Health Care Disparities](#): Provides the rationale and references that TJC employs in the development of new requirements.
- [CMS Framework for Health Equity 2022-2032](#): Includes updated health equity priorities on what health-care ecosystems can do to address SDOH and outlines programs CMS is focusing on to facilitate improvement.
- [CMS The Accountable Health Communities Health-Related Social Needs Screening Tool](#): Enables users to assess patients’ social needs from five domains and eight supplemental domains.

Figure 1. FACTORS TO DISAGGREGATE DATA

Difficulties paying for prescriptions/bills	Language
Disability status	Mental health conditions
Education/health literacy	Preferred name
Employment	Preferred pronouns
Family and community support	Race/ethnicity
Financial strain	Sex/sexual orientation/gender identity
Food insecurity	Substance abuse
Housing instability	Transportation access
Insurance	Utility help needs
Interpersonal safety	Veteran status