The Joint Commission

Toward Health Care Equity

Sensitive Care for a Diverse Patient Population

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Introduction

"Every patient deserves the right to safe, equitable health care. All health care organizations have a responsibility to identify and address the disparities that their unique patient populations face."

—Jonathan B. Perlin, MD, PhD, President and CEO, The Joint Commission

Background

Diversity is a buzzword these days. But what exactly does it mean? In its broadest sense, diversity includes all the ways in which people differ. It encompasses all the different characteristics—visible and invisible—that make one individual or group different from another. A broad definition of *diversity* includes not only race, ethnicity, and gender—the groups that most often come to mind when the term is used—but also age, national origin, religion, disability, gender identity, sexual orientation, socioeconomic status, education, marital status, language preference, and physical appearance, not to mention different ideas, perspectives, and values.[1]

*In a world that seems more conscious than ever of personal differences, we need to continue to put the **care** in health **care**. That means health care providers must understand and respect those differences to provide truly equitable care for all.*

In a world that seems more conscious than ever of personal differences, we need to continue to put the *care* in health care. That means health care providers must understand and respect those differences to provide truly equitable care for all. Health care providers should believe that every patient has value and therefore should be treated with dignity and respect, regardless of differences or group affiliation. To achieve health care equity, this idea should be taken a step further, to customizing care to the individual based on these features of diversity—but without stereotyping or making assumptions about the patient based on race or ethnicity or on any simplified image or idea. *Health care equity* is a state in which everyone has a fair and just opportunity to attain the highest level of health care. It requires health systems to focus on ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health by addressing health-related social needs; and eliminate preventable health disparities.[2,3]

To move toward health care equity, then, is to proactively reinforce and maintain policies, practices, attitudes, and actions that produce equitable care,

access, opportunities, treatment, impacts, and health outcomes. The first step toward providing equitable care is to develop cultural sensitivity or the ability to deliver culturally relevant care. This guide aims to help health care providers learn more about the diverse populations they serve. With learning comes awareness and, hopefully, understanding, respect, sensitivity, and equitable care for every patient.

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What is cultural sensitivity, and why is it important? *Cultural sensitivity* refers to the ability of health care providers and health care organizations (HCOs) to understand and respond effectively to the cultural needs brought by patients to their health care encounters.[4] It is a set of behaviors, attitudes, and policies that form a system that enables cross-cultural interactions. Some elements of cultural sensitivity include the following competencies[1]:

- **Cultural curiosity** goes beyond just wondering about different cultural practices; it involves a genuine desire to learn and understand the background and experience of cultures different from our own without judgment. It involves a natural ability to ask questions when interacting with someone whose culture is different from your own to learn more about that person's cultural norms, customs, values, and so on. It involves understanding that building knowledge is the best way to become familiar with the unfamiliar.
- **Cross-cultural competency** involves not only engaging with the cultures of people you are familiar with but with any culture you may encounter. This is not a skill we are born with. It is developed over time and through a deliberate process of learning and awareness. Understanding others who differ from us also requires awareness of our own perspectives and biases, both implicit and explicit.
- **Cultural agility** refers to the ability to adapt quickly to unexpected circumstances, and it is critical to providing equitable health care. Every patient will have unique needs that may not be known until the patient discloses them. For example, just as you should be prepared to offer an alternative medication in the event a patient has an allergy, you should also be prepared with an alternative treatment if a patient refuses to take a certain medication for religious reasons. Again, this awareness is not an innate skill, but one that can be developed when your intention is to maximize curiosity and minimize certainty, ensure a flexible frame of reference, and focus on similarities rather than differences.
- **Cultural humility** involves a commitment to lifelong learning, ongoing self-evaluation, and self-critique. It involves recognizing that your understanding of another culture may be limited. For example, even someone who has lived and practiced for years in a city with a majority Catholic population will encounter a Catholic patient with amended beliefs. Always be open to new information.
- **Divergent thinking and creativity** involve collaboration with others—particularly others who differ from us. A willingness to collaborate affords the ability to generate multiple solutions or approaches to a problem, situation, or challenge. Learning to have an open mind and accept concepts that are unfamiliar is a necessary skill for providing culturally sensitive care.
- **Gaining knowledge and integration of cross-national/cultural norms** means educating yourself about the current state of the world and the concerns that others may face within it. Some racial or ethnic minorities may be targeted socially due to religious beliefs, poverty, or other factors. Such issues should be treated with sensitivity, and these patients may need more patience and support than others.

To accomplish their mission, HCOs must have the trust of the communities and patients they serve. Understanding the cultural differences that make up your patient population is an essential tool for building that trust. Disparities in access, treatment, and outcomes cannot be adequately addressed if community members do not feel that their health care providers are culturally

sensitive to their needs and are not meeting them where they are. People's differences should not lead to disparities in their health care.

People's differences should not lead to disparities in their health care.

Purpose of This Guide

The purpose of this guide is to provide health care professionals with some basic knowledge and awareness about the myriad ways in which their patients are diverse. This guide also encourages health care providers to recognize and address any systemic health care biases and to reject assumptions or stereotypes about individuals or groups.

This guide builds on the third expanded edition of *Cultural and Religious Sensitivity: A Pocket Guide for Health Care Professionals* by Geri-Ann Galanti and published by Joint Commission Resources in 2018. Indeed, the world has changed tremendously since its publication, with its heightened awareness of human diversity and health care disparities. With that awareness comes a renewed energy toward health care equity. Therefore, this current guide is retitled to focus on the crucial need to move toward health care equity, which reflects The Joint Commission's prioritization of this need. (*See* The Joint Commission and Health Care Equity section in this Introduction.) This guide also features new content that includes additional ways in which an individual's diversity may affect their health outcomes and interactions with the health care system. In addition to race, ethnicity, religion, and spirituality, this guide also explores how a patient's sexual orientation and gender identification may affect their health outcomes; how age and generation may contribute to beliefs and attitudes about health care; and how individuals with physical, psychological, and developmental differences may feel stigmatized and less likely to seek health care when needed. All these aspects of diversity can profoundly affect an individual's health care encounter and subsequent health itself. This guide is intended to educate health care professionals and help them provide culturally sensitive care.

Below we offer some guidance on key questions to ask your patients. We clarify the difference between generalizations and stereotypes, and we explore the relationship between diversity and how patients' values can create a disconnect between them and their health providers.

The Five Cs of Culturally Sensitive Care: A Mnemonic for Health Care Professionals

Because effective communication is a foundation for culturally sensitive care, one way to remember what questions to ask your patients is to use the five Cs of culturally sensitive care:

1. **Call:** What do you call your problem? This question can be phrased like, "What do you think is wrong?" The idea is to understand the patient's perception of the problem. The same symptoms may have very different meanings in different cultures and may result in barriers to compliance.
2. **Cause:** What do you think caused your problem? This question gets at the patient's beliefs regarding the source of the problem. Not everyone believes that disease is caused by germs. In some cultures, it is thought to be caused by an upset in body balance, a breach of taboo, or spirit possession. Treatment must be appropriate to the cause, or people will not perceive themselves as cured.
3. **Cope:** How do you cope with your condition? This question gives the practitioner the opportunity to ask, "What have you done to try to make it better?" This will provide you with important information on the possible use of alternative healers and treatments. Most people will try home remedies before coming to a physician, but they may not want to share this information if they believe they will be judged for it.
4. **Concerns:** What are your concerns regarding the condition and/or recommended treatment? You want to understand patients' perceptions of the course of the illness and their fears so you can address their concerns and correct any misconceptions. You also want to know what aspects of the condition pose a problem for patients, which may help you uncover something very different from what you might have expected.

5. **Care:** How can I best care for you or your family member? What is important to you in terms of your health care? It is important to ask questions like these, not only because they may elicit important information about the patient's condition and expectations for their care, but also because they help to build trust between you and your patients.

These five questions help health care professionals establish a sense that patient care is something done *with* patients, rather than *to* patients.

Generalizations and Stereotypes

"I don't need to learn about other cultures because I don't want to stereotype my patients. I treat everyone the same."

Although this thought process may be well-intentioned, it does not result in the best care for all patients. Equal care does not mean equitable care. Generalizations, rather than stereotypes, can be helpful in anticipating the needs of your patients. What's the difference? A *stereotype* is an ending point. No attempt is made to learn whether the patient fits the statement. Given the variation within and among cultures, stereotypes are often incorrect and can have negative results. A *generalization* is a starting point. It acknowledges common trends but requires further information to ascertain whether the statement is appropriate. Generalizations may be inaccurate when applied to specific individuals, but when applied broadly, they can acknowledge common behaviors and shared beliefs. They can be helpful in suggesting possible avenues to consider or which questions to ask.

*Equal care does not mean equitable care. A **stereotype** is an ending point. A **generalization** is a starting point.*

For example, it is routine at your practice to require patients to change into a paper gown prior to a physical examination. One of your patients today has autism spectrum disorder, and you know that some individuals with this disorder are sensitive to certain materials touching their skin. They may be unable to tolerate wearing a paper gown. When this patient comes in, you might ask if they are comfortable wearing a paper gown or if they need different accommodations. Ideally, your practice will have alternative garments available for the patient, or you might allow the patient to remain clothed and undress as needed for the examination.

Values

Different races, cultures, religions, generations, and so on, have different values, and these differing values may create a disconnect between a provider and their patients. For example, in the United States, it is commonplace for the partner or spouse to accompany a pregnant patient to prenatal appointments and be with them during labor. For members of some other cultures, the pregnant patient's mother or a female relative may be the preferred support person. Do not assume that the pregnant patient is not married or that the baby's father is not invested in the pregnancy.

Another example is privacy. Western culture values privacy—the Health Insurance Portability and Accountability Act of 1996 (HIPAA) exists to protect patients' medical information. This can create a disconnect for people who come from cultures in which the family, rather than the patient, is accustomed to getting patient health information for their loved one. Family members may pressure health providers to give them information and may even ask the provider to withhold information from the patient. Health professionals in the United States are legally obligated to protect patient health information but understanding a patient's cultural value can mean the difference between labeling a family member as interfering rather than as a caring and concerned party.

Time orientation can vary by culture, so scheduling conflicts may arise with patients who are less oriented to the clock (for example, showing up at 3:15 for a 2:30 appointment because both times are "midafternoon" in the patient's eyes). However, it can also affect how a patient views their own health. People with a predominantly present time orientation may be less likely to use preventive health measures. They may reason that there is no point in taking a pill for hypertension when they feel fine, particularly if the pill is expensive and causes unpleasant side effects. They may not look ahead to preventing a stroke or heart

attack, or they may prefer to deal with it when and if it happens. Poverty may incline people toward a present time orientation. They may be less concerned with the future if they are concerned with surviving today. Past-oriented cultures are traditional and believe in doing things the way they have always been done. These cultures may also prefer traditional approaches to healing rather than readily accept new procedures or medications.

Who Benefits from This Guide

Anyone who interacts with patients and their families should be aware of the various aspects of patient diversity and be prepared to encounter patients, or families, or authorized individuals from different backgrounds. This awareness applies not only to doctors and nurses but also receptionists who might schedule appointments and technicians who may be drawing blood or performing radiologic or other testing.

It is important that clinicians and all staff recognize the role of personal bias in perpetuating health care inequities and disparities. Training and self-assessment can help staff members recognize their own explicit and implicit biases and how these may be expressed in their behavior. The goal of training and self-assessment is not to place blame or create shame but to create an environment conducive to self-examination and positive change. Recognizing the existence and role of implicit and systemic bias is integral to improving patient–provider relationships and delivering culturally sensitive, patient-specific care.

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The concepts discussed in this guide can be applied to all health care settings. No patient group is entirely homogenous, and all health care providers should be prepared to treat patients from all walks of life.

Structure of This Guide

To address all the ways in which people are diverse is beyond the scope of this guide. It is not meant to be an all-encompassing reference but rather an overview and starting point. This guide attempts to address the ways in which a person's diversity might intersect with health care and how that diversity can affect their health outcome. For example, we know that racial and ethnic disparities in health care have long been a challenge in the United States. In fact, a recent report from the Kaiser Family Foundation found that Black, Hispanic, and Indigenous American individuals fared worse than whites across nearly every measure of health, health care, and health-related social needs, including health insurance, access to mental health services, food security, average life expectancy, and pregnancy-related mortality. In this guide we address some generalizations about groups based on race and ethnicity (as well as based on membership in other groups) as related to attitudes, beliefs, and health practices. Again, this guide does not aim to stereotype individuals but to serve as a starting point for health care professionals to ask the respectful questions that can help them deliver culturally sensitive care. This guide is organized as follows:

Chapter 1: Race and Ethnicity. The goal of this chapter is to bring awareness about the varying needs, attitudes, and beliefs held by individuals of different racial and ethnic backgrounds. You are asked to consider your patients' ethnicity and racial identity as simply a set of commonalities related to language, history, national origin, and so on. As a health care professional, you must consider your own hidden as well as systemic biases related to race and ethnicity to deliver culturally sensitive care. Finally, you should consider race as a social construct, not a biological one. Some individuals may have multiple, even conflicting, ethnic and/or racial identities. This factor can come about in several ways, including when individuals are adopted across racial or ethnic lines.

Chapter 2: Sexual Orientation and Gender Identity. Sexual orientation refers to an individual's self-identified sexual identity. Gender identity is a person's internal sense of being male, female, some combination of male and female, or something outside those categories altogether and apart from biological sex,

which refers to a person's biological status. Many health care providers do not routinely discuss sexual orientation and gender identity (SO/GI) with their patients, which leads to gaps in health care needs and services, particularly for LGBTQ+ individuals. This chapter encourages health professionals to ask specific questions about SO/GI and to ensure, for example, that patients receive necessary assessments for risk of sexually transmitted diseases and HIV and interventions for behavioral health concerns. This chapter is meant to be a starting point for health care professionals seeking to build trusting patient–provider relationships and deliver culturally appropriate care related to SO/GI.

Chapter 3: Physical, Psychological, Developmental and Intellectual Differences. These key differences can create challenges in the lives of many individuals and affect their interactions with the health care system. This chapter addresses some of the common challenges individuals face in gaining access to quality health care, including the following:

- Individuals with apparent physical differences (someone who uses a wheelchair or cane) and those with invisible physical differences (someone with chronic pain or chronic fatigue)
- Individuals with mental illness
- Individuals with development and intellectual differences (someone with autism spectrum disorder and patients with intellectual disability, such as Down syndrome)

Many individuals with these challenges may have experienced discrimination and have concerns about being stigmatized for seeking health care. Some may also require a great deal of patience or will involve family, friends, and other caregivers in their care. For culturally relevant care, it is critical for you to ask questions and take the time needed to build relationships of trust with members of these groups.

Chapter 4: Religion and Spirituality. Religious freedom is deeply woven into the fabric of the United States. Religious and spiritual beliefs are among the many ways in which people are diverse, and this diversity could result in a disconnect with you as their health care provider or with the medical system in general. Religious and spiritual beliefs can profoundly affect an individual's health practice, their willingness to seek health care, and how that health care is received. For example, people may have dietary restrictions because of their religion or may be prohibited from taking certain medications or undergoing some medical procedures. The goal of this chapter is to educate you on some spiritual beliefs and practices that may inform and affect an individual's health care decisions. This chapter provides a sampling of some of the many faith groups you may come across in your medical practice.

Chapter 5: Age and Generation. As the US population continues to age, health care systems must recognize and support the needs of older individuals. The Institute for Healthcare Improvement (IHI) partnered with others to develop an Age-Friendly Health System initiative, which advocates for medical systems to focus primarily on what matters to older adults. The initiative focuses on aligning the care for older Americans with their specific health outcome goals and care preferences, which includes, but is not limited to, end-of-life care. Age friendliness in this system involves asking specific patient-centric questions at each care visit and across all health care settings. In addition, this chapter explores how an individual's generation—the historical context in which they were born—can affect their attitudes and beliefs about health care. Knowledge of and sensitivity to the ways that age and generation intersect with patient needs is another key to delivering culturally sensitive health care.

The Joint Commission and Health Care Equity

For more than 70 years, The Joint Commission has been a global driver of quality improvement and patient safety in health care through accreditation, certification, and other initiatives. The Joint Commission's vision is that **all people** always receive the highest-quality, safest health care. Note the emphasis on "all people." Health care cannot be of high quality or safe unless it encompasses equitable health care for all. The Joint Commission has renewed its focus, identifying health care equity as one of its priorities and therefore one of the priorities for health care organizations. The Joint Commission is committing itself to empowering health care providers to move from intention to action in improving and ensuring health care equity.

The Joint Commission's vision is that ***all people*** *always receive the highest-quality, safest health care.*

Of course, The Joint Commission for many years has stipulated requirements regarding patient rights and respectful, sensitive care (see the standards box below for some longstanding requirements related to patients' rights).

To support HCOs and professionals in eliminating inequities in health care, The Joint Commission in 2022 introduced specific health care equity standards. These new requirements clearly state that health care organizations must make health care equity a priority; they must actively work toward reducing health care disparities. Notably, the new accreditation requirement, **LD.04.03.08** "Reducing health care disparities for the organization's patients is a quality and safety priority," was originally and deliberately placed in the "Leadership" chapter of standards. By doing this, The Joint Commission put the onus on health care leaders to reduce health care disparities.

However, this priority is so crucial that The Joint Commission has elevated the standard to a National Patient Safety Goal® (NPSG). **NPSG.16.01.01.01** became effective July 2023. For The Joint Commission, National Patient Safety Goals are a way to highlight key concerns that represent a high risk for patient harm. Without reducing health care disparities, the highest-quality, safest health care is not possible. The box below lists the health care equity requirements and provides a crosswalk to the elevation of the leadership standard to NPSG.16.01.01.01.

Standard and EP	Summary
LD.04.03.08, EP 1, became NPSG.16.01.01, EP 1, as of July 1, 2023.	Identify an individual to lead activities to reduce health care disparities.
LD.04.03.08, EP 2, became NPSG.16.01.01, EP 2, as of July 1, 2023.	Assess each patient's health-related social needs.
LD.04.03.08, EP 3, became NPSG.16.01.01, EP 3, as of July 1, 2023.	Analyze data to identify disparities.
LD.04.03.08, EP 4, became NPSG.16.01.01, EP 4, as of July 1, 2023.	Develop an action plan to reduce disparities.
LD.04.03.08, EP 5, became NPSG.16.01.01, EP 5, as of July 1, 2023.	Take action when goals are not met.
LD.04.03.08, EP 6, became NPSG.16.01.01, EP 6, as of July 1, 2023.	Inform stakeholders about progress in reducing disparities.

EP, element of performance; LD, Leadership; NPSG, National Patient Safety Goal.

RI.01.01.01 The [organization] respects, protects, and promotes patient rights.

- **EP 6** The [organization] respects the patient's cultural and personal values, beliefs, and preferences.
- **EP 9** The [organization] accommodates the patient's right to religious and other spiritual services.
- **EP 29** The [organization] prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

RI.01.01.03 The [organization] respects the patient's right to receive information in a manner the patient understands.

- **EP 1** The [organization] provides information in a manner tailored to the patient's age, language, and ability to understand.
- **EP 2** The [organization] provides interpreting and translation services.
- **EP 3** The [organization] provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.

In addition, The Joint Commission launched a new Health Care Equity Certification program in July 2023. Health Care Equity Certification is available for all Joint Commission–accredited hospitals and critical access hospitals and non-Joint Commission-accredited hospitals and critical access hospitals that comply with applicable federal laws, including Centers for Medicare & Medicaid Services' (CMS) Conditions of Participation. The goal is to encourage and inspire health care organizations on their journey toward health care equity. Certification is a way to formalize structures and processes. To assist health care organizations on their journeys, The Joint Commission has also rolled out complimentary online resources. The Health Care Equity Accreditation Resource Center is designed to help organizations prepare to meet The Joint Commission's new health care equity standards with focused resources to support compliance. Included are synopses of approaches used by other organizations, brief videos about lessons learned, and evidence-based strategies that feature toolkits, templates, and guides.

In short, The Joint Commission is committed to strengthening the connection between equity and quality in health care. Although health care equity is often viewed through a social justice lens, it is first and foremost a quality-of-care issue. Which means, to achieve sustainable improvement, we need to approach health care equity in the same way The Joint Commission approaches other crucial patient safety priorities—by understanding the root causes and implementing targeted standards of care. One of the root causes is a lack of understanding of patient diversity, which we hope this guide helps to mitigate.

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