

Organizational Cultural Competence: Key Considerations for Long-Term Services and Supports Providers

Nearly half of all individuals dually eligible for Medicare and Medicaid need long-term services and supports (LTSS) for help with daily tasks such as dressing, bathing, and eating.ⁱ As the population of individuals using LTSS grows increasingly diverse in race and ethnicity,ⁱⁱ the ability of direct care workers to provide culturally competent care is increasingly vital. To support a culturally competent direct care workforce in meeting the needs of diverse clients, LTSS provider organizations must also strive for cultural competence.

Organizational cultural competence is “the extent to which an organization creates the conditions that promote and support culturally competent behavior among its [staff and care recipients] through...policies, training, and managerial behavior.”ⁱⁱⁱ A culturally competent organization respects and values cultural and linguistic diversity within its staff and offers the supports its staff needs to provide culturally competent care. In addition to providing the necessary foundation for supporting a culturally competent direct care workforce, organizational cultural competence gives LTSS providers competitive advantages, including the ability to recruit talented individuals from diverse backgrounds, to retain those individuals, and to deliver higher quality care stemming from lower employee turnover and improved sensitivity to the cultural needs of care recipients.^{iv}

This brief focuses on organizational cultural competence strategies for LTSS providers. Other briefs in this series provide specific considerations for training, recruitment, and retention of direct care workers.

Key Considerations

- **Assess how well your organization addresses cultural competence and identify and prioritize gaps.** Evaluating how your organization currently meets the needs of your client population is the first step to improving the delivery of culturally competent care and can inform a plan for improvement that best addresses your population’s needs. You will also want to assess the experiences of your staff, and ensure that your policies and practices for staff are culturally competent. You may consider the following when assessing your organization:
 - Measuring your organization against goals, standards, and practices focused on health equity, such as the National Culturally and Linguistically Appropriate Services ([CLAS Standards](#)).^v
 - Gathering input from clients, direct care workers, and other providers through surveys, focus groups, large group discussions, or other methods. This input may identify gaps missed by standardized assessments.
 - Determining if initial assessment or admission questions adequately capture important information regarding needs and preferences of individuals from diverse cultures, and if this information has been adequately integrated into care planning.^{vi}

- **Support cultural diversity at all levels of the organization.** Organization-wide policies and practices that demonstrate your organization’s commitment to cultural diversity can help support a culturally competent environment, and can include:
 - Adding inclusive language to your organization’s mission, goals, or values statements.^{vii}
 - Developing a strategic plan that addresses cultural competence.^{viii}
 - Including diverse representatives in your organization’s governing body and community advisory committee, if applicable.^{ix}
 - Aiming to hire and retain direct care workers, providers, supervisors, board of directors members, and volunteers from diverse backgrounds and cultures. For more recruitment and retention strategies, see the [Recruiting and Retaining a Diverse Direct Care Workforce](#) brief.
 - Incorporating diverse cultural activities in programming and activities. For example, a nursing facility may offer traditional foods to residents,^x or foster sharing of cultural traditions and practices among residents and staff.^{xi} Adult day programs can consider programming that incorporates holidays, traditions, and traditional foods as well. For example, Keiro Northwest, an LTSS provider serving the Asian American community in Seattle, serves traditional foods and offers traditional cultural activities; read more [here](#).

- **Address linguistic competence.** Linguistically appropriate written materials and interpretation services are essential to address the language needs and preferences of care recipients. Direct care workers from different linguistic backgrounds may also benefit from linguistically competent practices. Some strategies you may consider include:
 - Assessing the language needs of the population you serve to determine the resources required to support language services.
 - Assessing the language needs of direct care workers and providing training in those languages, including by translating training materials.^{xii}
 - As needed, training direct care workers and other staff on how to effectively work with qualified interpreters.
 - Hiring direct care workers who share the cultural and linguistic backgrounds of your clients, and establishing a process to match workers and clients on this basis, when possible.^{xiii}
 - Translating program materials into the most common languages of your population. For example, you may translate menus, informational brochures, activities and programming information, or, for programs with physical locations, signage directing visitors and clients.
 - Incorporating cultural competence and language preference training into staff onboarding to highlight the importance of meeting language preferences as a vital part of person-centered care. For more information on training direct care workers see the [Training Culturally Competent Direct Care Workers](#) brief.

- **Engage community partners.** An important way to strengthen the diversity of your organization and your connections to diverse populations is to partner with other organizations in your community. This strategy can assist many types of providers; residential facilities, home- and community-based

service organizations, and health plans may all benefit from stronger partnerships with community-based organizations. Ways to engage community-based organizations include:

- Partnering with cultural and faith-based community organizations to provide cultural activities for clients in residential or day program settings.
- Referring clients to community organizations for culturally specific resources, services, or supports.
- Incorporating representatives from community organizations into governing bodies or community advisory committees to ensure representation of diverse perspectives.^{xiv}

Additional Resources

These resources provide additional information about organizational cultural competence and the direct care workforce.

[Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile](#): This resource, from The Health Resources and Services Administration, provides an analytical framework for assessing cultural competence in health care delivery organizations and specific indicators aligned with this framework to guide organizations, including LTSS providers, in their efforts to strive for cultural competence.

[Providing Culturally Competent Care: Meeting the LTSS Needs of Dually Eligible Beneficiaries](#): This Resources for Integrated Care Webinar describes effective approaches for providing culturally competent LTSS to dually eligible beneficiaries and training the LTSS workforce in strategies to achieve cultural competence.

[Spotlight on Keiro Northwest](#): This Resources for Integrated Care Spotlight describes how Keiro Northwest, an LTSS provider in Seattle, incorporates culturally competent architecture, décor, food, activities, and cultural and community connections to meet their participants' needs and preferences.

[Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity](#): Collecting data on sexual orientation and gender identity is essential to identifying and meeting the needs of LGBT individuals. This guide from The National Resource Center on LGBT Aging provides guidance for providers on effective ways to gather sexual orientation and gender identity data.

[Supporting Cultural Diversity in Long-Term Care](#): This report describes strategies for long-term providers seeking to deliver culturally competent care, including organizational practices, creating a culture-supportive space, dietary considerations, and supporting language use. While developed in a Canadian context, the majority of the concepts apply to long-term care in the United States.

[Diversity in Action: A Toolkit for Residential Settings for Seniors](#): This toolkit, for LTSS providers in residential settings, describes strategies for organizational change supporting culturally competent care and service delivery. The tips, stories, and resources provide concrete examples and strategies of ways your organization can support the diverse individuals you serve. While developed in a Canadian context, the majority of concepts apply to long-term care in the United States.

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This brief is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to <https://www.resourcesforintegratedcare.com/>

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- ⁱ The Medicare Payment Advisory Committee (MedPAC) and the Medicaid and CHIP Payment and Access Commission (MACPAC) (January 2018). *Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid*. Retrieved from https://www.macpac.gov/wp-content/uploads/2017/01/Jan18_MedPAC_MACPAC_DualsDataBook.pdf
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- ^v U.S. Department of Health & Human Services (n.d.). *National Culturally and Linguistically Appropriate Services Standards*. Retrieved from <https://www.thinkculturalhealth.hhs.gov/clas/standards>
- ^{vi} Research Institute for Aging (2018). *Supporting Cultural Diversity in Long-Term Care*. Retrieved from https://the-ria.ca/wp-content/uploads/2018/10/Supporting-Cultural-Diversity-Report-final_full_March-30-2017_update_A.pdf
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- ^{viii} The Health Resources and Services Administration (2002). *Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile*. Retrieved from <https://www.hrsa.gov/sites/default/files/culturalcompetence/healthdlvr.pdf>
- ^{ix} Ibid.
- ^x Research Institute for Aging (2018).
- ^{xi} Centers for Medicare & Medicaid Services (2016). *Tribal Nursing Home Best Practices: Traditional Food*. Retrieved from <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/NH-best-practices-traditional-foods.pdf>
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- ^{xiii} Ibid.
- ^{xiv} The Health Resources and Services Administration (2002).