About the CAHPS® Cultural Competence Item Set

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Introduction

The evidence of significant racial and ethnic disparities in access to health care, outcomes, and health status among racial and ethnic minorities is well documented.[1] Among the strategies that have been advocated for reducing racial and ethnic differences in patient experiences with care is the provision of "culturally competent" medical care.[2] Culturally competent care is defined as care that is responsive to diversity in the patient population and cultural factors that can affect health and health care, such as language, communication styles, beliefs, attitudes, and behaviors. To be culturally competent, health care providers have to employ various interpersonal and organizational strategies that bridge barriers to communication and understanding that stem from racial, ethnic, cultural, and linguistic differences.

In the winter of 2011, the CAHPS Consortium adopted a new set of supplemental items for the CAHPS Clinician & Group Surveys that focus on assessing the cultural competence of health care providers from the patient's perspective. These supplemental items were revised slightly in May 2012 to align the questions and placement instructions with the 2.0 version of the Clinician & Group Surveys.

This document discusses—

- Assessing the cultural competence of providers
- Topics covered by this set of CAHPS supplemental items
- Ways to use the survey results to inform health care consumers and other stakeholders and to improve the quality of care

Assessing the Cultural Competence of Providers

The Joint Commission incorporated cultural competence in its 2009 requirement related to the provision of culturally and linguistically appropriate health care, which includes—

- Addressing communication needs across the care continuum
- Providing language access services and auxiliary aids
- Informing patients of their right to receive language access services

However, although there has been much discussion in the medical, research, and public health communities about "culturally competent care," little is known about how to measure it accurately.

One promising way to assess the cultural competency of care is to obtain the patient's perspective on the care that he or she receives. Several national studies reveal racial and ethnic disparities in patients' assessments of care:

- A survey by the Commonwealth Fund in 2001 showed that racial and ethnic minority patients were less satisfied with the quality of health care services. Only 45 percent of Asians, 56 percent of Hispanics, and 61 percent of African Americans, compared to 65 percent of Whites, reported being "very satisfied" with their care. In addition, this study found that 15 percent of African

Americans, 13 percent of Hispanics, and 11 percent of Asians, compared to 1 percent of Whites, felt that they would receive better health care if they were of a different race and/or ethnicity.[3]

- A study using the Community Tracking Survey (CTS) found that Hispanics and African Americans expressed less satisfaction with their physician's style (listening skills, explanations, and thoroughness) and less trust in their doctor even after controlling for socioeconomic factors.[4]
- Studies using the CAHPS Database have shown that racial and ethnic minorities have worse reports of care than Whites in commercial and Medicaid managed care. However, among Hispanics and Asians, language barriers have a larger negative impact on assessments of care than do race and ethnicity.[5-8]

The Cultural Competence Item Set was developed to improve the ability of the CAHPS Clinician & Group Surveys to assess the cultural competence of providers; the item set expands on existing survey domains and adds questions in other domains of cultural competency that were not adequately addressed in the existing surveys.[9]

Contents of the CAHPS Cultural Competence Item Set

The Cultural Competence Item Set consists of supplemental items designed for use with the CAHPS Clinician & Group Surveys. The items address the following five topic areas:

- Patient-provider (or doctor) communication
- Complementary and alternative medicine
- Experiences of discrimination due to race/ethnicity, insurance, or language
- Experiences leading to trust or distrust, including level of trust, caring, and truth-telling
- Linguistic competency (Access to language services)

Items on health promotion and shared decisionmaking are no longer included in this item set because they are not specific to cultural competence. These items remain available in the full list of **Supplemental Items for the Adult Surveys** in the ***CAHPS Clinician & Group Surveys and Instructions*** at https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-CG-Surveys-and-Instructions.aspx. To assess differences in experiences with care by race, ethnicity, and language, survey users are encouraged to consider using these and other items for subgroup analyses.

Appendix A provides a list of the items in the Cultural Competence Item Set. These items are also listed in the **Supplemental Items for the Adult Surveys,** which also provides instructions for placing each item in the core questionnaire.

To learn more about incorporating supplemental items into a questionnaire, go to **Preparing a Questionnaire Using the CAHPS Clinician & Group Surveys** at https://www.cahps.ahrq.gov/~/media/Files/Surveys-and-Guidance/CGKit/1032_CG_Preparing_a_Questionnaire.pdf.

Eight of the items in the Cultural Competence Item Set are also part of the Item Set for Addressing Health Literacy. To learn more about this item set and interventions for addressing the behaviors measured by those items (drawn from the AMA Health Literacy Toolkit), go to **About the Item Set for Addressing Health Literacy** at https://www.cahps.ahrq.gov/~/media/Files/SurveyDocuments/CG/Get_Surveys/2311_About_Health_Lit.pdf**.**

Using the Results of the CAHPS Cultural Competence Item Set

Organizations that field the CAHPS Clinician & Group Surveys may want to use this item set to inform consumers, to provide feedback to providers, and to spur improvements in patients' experiences.

Informing Consumers and Others

Organizations that incorporate questions from the Cultural Competence Item Set into the Clinician & Group Surveys can report results at the level of the medical group, physician practice, or individual clinician. In addition to the individual questions in the item set, users can calculate and report two composite measures:[a]

- Providers [Doctors] are polite and considerate[b] (3 items)
  - Provider talked too fast
  - Provider interrupted patient when patient was talking
  - Provider used a condescending, sarcastic, or rude tone or manner with patient
- Providers [Doctors] are caring and inspire trust (5 items)
  - Patient could tell provider anything
  - Patient could trust provider with medical care
  - Provider always told patient truth about health
  - Provider cared as much as patient about health
  - Provider cared about patient as a person

The remaining questions in the item set cannot be rolled up into composite measures.

For information on calculating scores for composite measures, review the analysis instructions in the ***CAHPS Clinician & Group Surveys and Instructions*** at https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-CG-Surveys-and-Instructions.aspx. **Appendix B** in this document also provides some instructions specific to this item set.

[a] Please note that the labels for these two composite measures have not yet been tested with consumers.

[b] This composite measure is intended to supplement the existing composite measure for doctor communication (How well providers [doctors] communicate with patients), which can be calculated from the core items in the Clinician & Group Survey. The scoring for this composite requires reverse coding of the item-level responses; additional information can be found in Appendix B.

Users can also report two rating items:

- Overall rating of trust in provider [doctor] (on a scale of 0 to 10)
- Overall rating of interpreter (on a scale of 0 to 10)

Providing Feedback

Health care organizations using this item set can use the composite measures for benchmarking and reporting at the group level. For example, a health system may report the composite measures listed above to compare performance across provider groups.

At the level of individual providers, health care organizations may want to share item-level scores in order to help providers better understand the behaviors that promote effective communication with a diverse patient population, such as—

- Minimizing negative communication behaviors (e.g., interrupting patients, talking too fast).
- Communicating about alternative medicine (e.g., herbalist, acupuncturist).

Improving Quality

This item set is intended to generate data that health care providers can use to improve their cultural competence by—

- Identifying specific topic areas for quality improvement.
- Recognizing particular behaviors that inhibit effective communication.
- Measuring the effect of behaviors that promote effective communication.

Providers can identify their strengths and weaknesses by topic area as well as for individual items by conducting different kinds of analyses. These analyses can help them understand how their performance on the composite measures and individual items compares to that of other providers; assess the extent to which survey responses differ by the race, ethnicity, or language of respondents; and determine which topics are driving performance on the overall rating measure. For example, analyses of data from the field test pointed to three domains that were highly correlated with the overall ratings for providers:

- Provider [Doctors] are polite and considerate (composite measure)
- Providers [Doctors] are caring and inspire trust (composite measure)
- Equitable treatment (individual items)

The items can also help identify which aspects of patients' experiences may be affecting providers' scores on the Clinician & Group Survey's communication composite measure (How Well Providers Communicate with Patients).

Having identified opportunities for improvement and embarked on quality improvement activities, the providers can then field the items again to evaluate the success of improvement activities.

To learn about quantitative and qualitative analyses useful for identifying improvement opportunities, as well as strategies for improving patients' experiences, explore the **CAHPS Improvement Guide** at https://www.cahps.ahrq.gov/Quality-Improvement/Improvement-Guide.aspx.

To learn about available training programs, go to—

- Health Resources and Services Administration at http://www.hrsa.gov/publichealth/healthliteracy/index.html
- Office of Minority Health at https://www.thinkculturalhealth.hhs.gov/

Development of the CAHPS Cultural Competence Item Set

The development process included the following steps:

- Development of a conceptual model[9]
- Literature review and environmental scan
- Development of domains and an initial set of items
- Translation of item set into Spanish
- Cognitive testing of items in English and Spanish
- Field testing
- Construction of composite measures

The Cultural Competence Item Set was developed through funding from the Agency for Healthcare Research and Quality (AHRQ) to the CAHPS Consortium. Additional support for this item set was provided through a grant from the Commonwealth Fund.

Related Resources

- Agency for Healthcare Research and Quality at http://www.ahrq.gov/browse/hlitix.htm#Cultural
- CAHPS Cultural Competence Item Set at https://www.cahps.ahrq.gov/Surveys-Guidance/Item-Sets/Cultural-Competence.aspx
- CAHPS Item Set for Addressing Health Literacy at https://www.cahps.ahrq.gov/Surveys-Guidance/Item-Sets/Health-Literacy.aspx
- DHHS Office of Minority Health at http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=3
- Health Resources and Services Administration at http://www.hrsa.gov/culturalcompetence/index.html
- National Standards on Culturally and Linguistically Appropriate Services (CLAS) at http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15

- National Quality Forum (A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency) at http://www.qualityforum.org/projects/cultural_competency.aspx
- National Action Plan to Improve Health Literacy at http://www.health.gov/communication/HLActionPlan/

Appendix A. Items in the Cultural Competence Item Set (updated May 2012)

The following table lists the items in the Cultural Competence Item Set grouped by topic. In September 2011, these items were updated to refer to providers rather than doctors. In May 2012, the items were revised to make the questions and placement instructions consistent with the 2.0 version of the Clinician & Group Surveys.

The formatted supplemental items, complete with instructions on how to integrate them into the Clinician & Group Surveys, are available in the **Supplemental Items for Adult Surveys** in the ***Clinician & Group Surveys and Instructions*** (https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-CG-Surveys-and-Instructions.aspx).

Several of the items listed below are also in the CAHPS Item Set for Addressing Health Literacy. The numbering of these supplemental items is provided below for cross reference.

Number in the Cultural Competence Item Set	Item Wording	Number of corresponding items in the Health Literacy Item Set
Patient-provider communication		
CU1	In the last 12 months, how often were the explanations this provider gave you hard to understand because of an accent or the way the provider spoke English?	HL1
CU2	In the last 12 months, how often did this provider use medical words you did not understand?	HL2
CU3	In the last 12 months, how often did this provider talk too fast when talking with you?	HL3
CU4	In the last 12 months, how often did this provider ignore what you told him or her?	HL5
CU5	In the last 12 months, how often did this provider interrupt you when you were talking?	HL6
CU6	In the last 12 months, how often did this provider show interest in your questions and concerns?	HL7
CU7	In the last 12 months, how often did this provider answer all your questions to your satisfaction?	HL8
CU8	In the last 12 months, how often did this provider use a condescending, sarcastic, or rude tone or manner with you?	HL17

Number in the Cultural Competence Item Set	Item Wording	Number of corresponding items in the Health Literacy Item Set
Complementary and alternative medicine		
CU9	People sometimes see someone else besides their providers or specialists to help with an illness or to stay healthy. In the last 12 months, have you ever used an acupuncturist?	
CU10	In the last 12 months, have you ever used an herbalist?	
CU11	In the last 12 months, has this provider ever asked you if you have used an acupuncturist or an herbalist to help with an illness or to stay healthy?	
CU12	Some people use natural herbs for health reasons or to stay healthy. Natural herbs include things such as ginseng, green tea, and other herbs. People can take them as a pill, a tea, oil, or a powder. In the last 12 months, have you ever used natural herbs for your own health?	
CU13	In the last 12 months, has this provider ever asked you if you used natural herbs?	
Experiences of discrimination due to race/ethnicity, insurance, or language[c]		
CU14	In the last 12 months, how often have you been treated unfairly at this provider's office because of your race or ethnicity?	
CU15	In the last 12 months, how often have you been treated unfairly at this provider's office because of the type of health insurance you have or because you do not have health insurance?	
Experiences leading to trust or distrust, including level of trust, caring, and truth-telling		
CU16	In the last 12 months, did you feel you could tell this provider anything, even things that you might not tell anyone else?	
CU17	In the last 12 months, did you feel you could trust this provider with your medical care?	
CU18	In the last 12 months, did you feel that this provider always told you the truth about your health, even if there was bad news?	
CU19	In the last 12 months, did you feel this provider cared as much as you do about your health?	

[c] This topic could also include CU24, which is listed under "Interpreter services."

Number in the Cultural Competence Item Set	Item Wording	Number of corresponding items in the Health Literacy Item Set
CU20	In the last 12 months, did you feel this provider really cared about you as a person?	
CU21	Using any number from 0 to 10, where 0 means that you do not trust this provider at all and 10 means that you trust this provider completely, what number would you use to rate how much you trust this provider?	
Interpreter services		
CU22	What is your preferred language?	
CU23	How well do you speak English?	
CU24	In the last 12 months, how often were you treated unfairly at this provider's office because you did not speak English very well?	
CU25	An interpreter is someone who helps you talk with others who do not speak your language. Interpreters can include staff from the provider's office or telephone interpreters. In the last 12 months, was there any time when you needed an interpreter at this provider's office?	
CU26	In the last 12 months, did anyone in this provider's office let you know that an interpreter was available free of charge?	
CU27	In the last 12 months, how often did you use an interpreter provided by this office to help you talk with this provider?	
CU28	In the last 12 months, when you used an interpreter provided by this office, who was the interpreter you used most often?	
CU29	In the last 12 months, how often did this interpreter treat you with courtesy and respect?	
CU30	Using any number from 0 to 10, where 0 is the worst interpreter possible and 10 is the best interpreter possible, what number would you use to rate this interpreter?	
CU31	In the last 12 months, did any of your appointments with this provider start late?	
CU32	Did any of your appointments start late because you had to wait for an interpreter?	
CU33	In the last 12 months, how often did you use a friend or family member as an interpreter when you talked with this provider?	
CU34	In the last 12 months, did you use friends or family members as interpreters because that was what you preferred?	

Appendix B. Composite Measures and Supplemental Analysis Instructions

The following tables list the items in composite measures. Instructions for analyzing composite measures are available in the ***CAHPS Clinician & Group Surveys and Instructions*** (https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-CG-Surveys-and-Instructions.aspx.)

Providers [Doctors] are caring and inspire trust		
CU16	Patient could tell provider anything	**Response options:** • Yes, definitely • Yes, somewhat • No
CU17	Patient could trust provider with medical care	
CU18	Provider always told patient truth about health	
CU19	Provider cared as much as patient about health	
CU20	Provider cared about patient as a person	

Follow general instructions for analyzing this composite. No recoding is necessary.

Providers [Doctors] are polite and considerate		
CU3	Provider talked too fast	**Response options:** • Never • Sometimes • Usually • Always
CU5	Provider interrupted patient when patient was talking	
CU8	Provider used a condescending, sarcastic, or rude tone or manner with patient	

Because the items in this composite measure are negatively worded, they must be reverse coded for analysis. Reverse coding is necessary when "Never" indicates a positive response rather than a negative response. During data entry, code responses according to the survey precodes:

Never = 1
Sometimes = 2
Usually = 3
Always = 4

Reverse coding means that the responses must be recoded to:

Never = 4
Sometimes = 3
Usually = 2
Always = 1

Specific instructions for how reverse coding can be done in SAS can be found in **Instructions for Analyzing CAHPS Data** in the section called "Data Set Specification."

References

[1] Institute of Medicine. Unequal treatment: confronting racial and ethnic disparities in health care. Washington, DC: National Academies Press; 2002.

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[5] Morales LS, Elliott M, Weech-Maldonado R, et al. Differences in CAHPS adult survey ratings and reports by race and ethnicity: An analysis of the national CAHPS benchmarking data 1.0. Health Serv Res 2001; 36(3):595-618.

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[9] Ngo-Metzger Q, Telfair J, Sorkin D, et al. Cultural competency and quality of care: obtaining the patient's perspective. NY: Commonwealth Fund Report; 2006.