



**American Hospital
Association**

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June 9, 2008

Janet Corrigan, Ph.D.
The National Quality Forum
601 Thirteenth St., NW, Suite 500 North
Washington, DC 20005

***RE: Endorsing a Framework and Preferred Practices for Measuring and Reporting
Culturally Competent Care – Part I***

Dear Dr. Corrigan:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our 37,000 individual members, the American Hospital Association (AHA) appreciates this opportunity to comment on the National Quality Forum's (NQF) *Endorsing a Framework and Preferred Practices for Measuring and Reporting Culturally Competent Care – Part I*.

Racial and ethnic disparities in health care have been well documented. We know that even when we account for health insurance status, overall health, access to care and other factors, minorities experience poorer health outcomes and a lower quality of care. The Institute of Medicine (IOM) addressed this issue by including both equity and patient-centeredness in its six aims for health system improvement. Equitable care does not vary in quality because of an individual's demographic characteristics, while patient-centered care responds to an individual patient's needs and preferences. Both of these concepts are necessary components of culturally competent care.

We agree with the NQF's identification of a comprehensive framework to define culturally competent care. We agree that the domains of the framework – leadership; integration into management systems and operations; patient-provider communication; care delivery and supporting mechanisms; workforce diversity and training; community engagement; and data collection, public accountability, and quality improvement – delineate the core competencies of culturally competent care.

We concur with the NQF's recognition that there is an urgent need for a standardized data collection tool to collect the data needed to identify any performance differences by race,



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ethnicity or primary language. Data collection is truly the first step that health care providers and others need to take. Without accurate information, we cannot begin to determine what disparities in care may exist. Thus, we are pleased to see that the Steering Committee recommends endorsement of a standardized tool to collect patient race, ethnicity and primary language data as soon as possible.

We support the endorsement of the Health Research & Educational Trust (HRET) Disparities Toolkit to collect patient race, ethnicity and primary language data from patients. The Toolkit allows hospitals and other providers to first assess their own capacity to collect demographic information and then implement the data collection in a systematic, consistent and efficient manner that is respectful toward patients. The Toolkit was developed with the support of a national advisory panel of experts. It has been extensively tested in hospitals and refined based on the results of that testing. The Toolkit contains a variety of resources to assist health care providers, including staff training materials and assistance with addressing patients' questions and concerns. We urge the Steering Committee to move forward with endorsing the HRET Disparities Toolkit.

Thank you for this opportunity to comment. If you have any questions about these remarks, please contact me or Nancy Foster, vice president for quality and patient safety, at (202) 626-2337 or nfoster@aha.org.

Sincerely,

Rick Pollack
Executive Vice President