Provision of Cultural Competency Training in the National Home and Hospice Care Survey: The Role of Organizational and Leadership Factors

**Background**
- Home health and hospice (HHH) care agencies are major providers of formal, community-based long-term care.
- The rising number of older adults with chronic health conditions together with the increasing diversity of the U.S. makes health disparities in community-based settings a national priority.
- Cultural competency, a set of behaviors and policies that enables effective work in cross-cultural situations, can serve as an organizational strategy to improve health care quality and eliminate health disparities.
- Little research on cultural competency is available from HHH agencies.

**Cultural Competency Training (CCT)**
- CCT is an integral component of organizational diversity management.
- CCT provides the knowledge and skills to address the challenges and opportunities of an increasingly diverse population.
- Mandatory CCT can ensure cultural competency representation from all levels of the organization.
- The goals of CCT in HHH settings are to (1) remove cultural barriers to health-seeking behaviors and health care; and (2) enhance awareness about different cultures, and how these differences may influence health care needs; and (3) develop strategies for providers to meet the health care needs of minorities.

**Research Objectives**
1. To determine the validity and reliability of a cultural competency training (CCT) scale from the agency file of the National Home and Hospice Care Survey (NHHCSS) and,
2. To examine the role of organizational and leadership factors on cultural competency training (CCT) in HHH agencies.

**Theoretical Framework**
- Resource dependency and institutional theories were used to derive study hypotheses:
  - Cultural competency training as an organizational response to the external environment; goal is to increase mainten market share;
  - Cultural competency training as an organizational response to the institutional environment; goal is to conform to pressures from external stakeholders.

**Organizational & Leadership Factors:**
- Large agency size
- Non-profit (NPF) ownership
- chain membership
- Teaching agency
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation
- Having formal contracts with outside organizations
- Having in-house/remote capabilities
- Urban location
- Having clinical nurse specialists on staff
- Provision of specialized services
- Graduate-level education of administrator
- Long tenure of administrator

**Methodology**
- Design: Observational, cross-sectional study.
- Data Source: Agency component of the most recent public use file (2007) of the National Home and Hospice Care Survey (NHHCSS).
- Analytic Approach:
  - Exploratory factor analysis/internal consistency testing of 3-item CCT scale
  - Descriptive, correlational, and ordinal logistic regression analyses
  - Analyses accounted for the complex sampling design and conducted in SAS v8.3.

**Measures**
- Outcome: CCT summary composite score was derived from 3 indicator variables: whether the agency provides mandatory training to understand cultural differences/beliefs that may affect delivery of services to: (1) all administrative, clerical, and management staff; (2) all direct service providers; and (3) all volunteers. Independent Variables: See Figure 1 for organizational and leadership factors.

**Descriptive Results**
- Agency file had responses from 1,036 agencies, resulting in 59% weighted response rate.

**Conclusions**
- The provision of cultural competency training scale is valid and reliable for use in future research.
- JCAHO and specialized services were the most important predictors of CCT provision across settings.
- Teaching status is an important predictor of CCT provision in the home health setting, suggesting the importance of institutional factors.
- Factors associated with an external orientation (for-profit, contracts, and urban location) are important predictors of CCT provision in the hospice setting.
- Size and administrator characteristics play an important role in the mixed agency setting.
- Given the growing cultural and linguistic diversity in the U.S., further improvements are needed to increase the provision of cultural competency training to more effectively mitigate health disparities in this important community-based setting.

**Limitations**
- Cross-sectional design.
- No patient-level variables to assess patients perceptions of the effectiveness of the cultural competency training offered at the home health and hospice setting.

**Disclosures and Contact Info**
- No funding source or conflicts of interest.
- skhasawi@jhsph.edu

---

**Table:**

<table>
<thead>
<tr>
<th>Measure</th>
<th>HHH (n=1,036)</th>
<th>Home (n=1,036)</th>
<th>Hospice (n=1,036)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCT composite score</td>
<td>0.75</td>
<td>0.70</td>
<td>0.70</td>
</tr>
<tr>
<td>&lt;51 annual admissions/visits</td>
<td>0.17</td>
<td>0.19</td>
<td>0.20</td>
</tr>
<tr>
<td>51-499 annual admissions/visits</td>
<td>0.53</td>
<td>0.52</td>
<td>0.42</td>
</tr>
<tr>
<td>500+ annual admissions/visits</td>
<td>0.30</td>
<td>0.28</td>
<td>0.20</td>
</tr>
<tr>
<td>NPF ownership</td>
<td>0.35</td>
<td>0.29</td>
<td>0.28</td>
</tr>
<tr>
<td>Chain membership</td>
<td>0.40</td>
<td>0.38</td>
<td>0.19</td>
</tr>
<tr>
<td>Teaching status</td>
<td>0.44</td>
<td>0.33</td>
<td>0.24</td>
</tr>
<tr>
<td>JCAHO accreditation</td>
<td>0.31</td>
<td>0.31</td>
<td>0.26</td>
</tr>
<tr>
<td>Formal Contracts</td>
<td>0.53</td>
<td>0.41</td>
<td>0.39</td>
</tr>
<tr>
<td>Grad-level education</td>
<td>0.30</td>
<td>0.28</td>
<td>0.20</td>
</tr>
<tr>
<td># of specialized services provided*</td>
<td>0.92</td>
<td>1.26</td>
<td>4.17</td>
</tr>
<tr>
<td>Urban location</td>
<td>0.68</td>
<td>0.68</td>
<td>0.69</td>
</tr>
<tr>
<td>Clinical nurse speciality on staff</td>
<td>0.13</td>
<td>0.12</td>
<td>0.14</td>
</tr>
<tr>
<td>Administrator grad. education</td>
<td>0.27</td>
<td>0.23</td>
<td>0.37</td>
</tr>
</tbody>
</table>
| * Indicator variables unless noted by*. Validity and Reliability of CCT Composite Score

**Exploratory factor analysis of 3 CCT items supported a unidimensional factor solution (factor explained 67% of variance). Cronbach’s alpha= 0.60.**

**Weighted Ordinal Logit Model of CCT Provision by Agency Type (Home Health n=7,928; Hospice n=1,730; Mixed n=1,229)**