

Assessing Cultural Competency from the  
Patient's Perspective:  
The CAHPS Cultural Competency (CC) Item Set

Robert Weech-Maldonado  
University of Alabama at Birmingham

# Collaborators

- Adam Carle, University of Cincinnati School of Medicine
- Beverly Weidmer, RAND
- Margarita Hurtado, AIR
- Quyen Ngo-Metzger, University of California, Irvine
- Ron D. Hays, UCLA

# What Is Cultural Competence?

- Broader framework is **quality** of care, particularly patient centeredness
- **Patient-Centered Care**
  - “Care that is respectful and responsive to individual patient preferences, needs and values”
- **Cultural Competence**
  - Care that is responsive to diversity and cultural factors such as language, beliefs, attitudes and behaviors that affect health and health care

# Cultural Competence and CAHPS

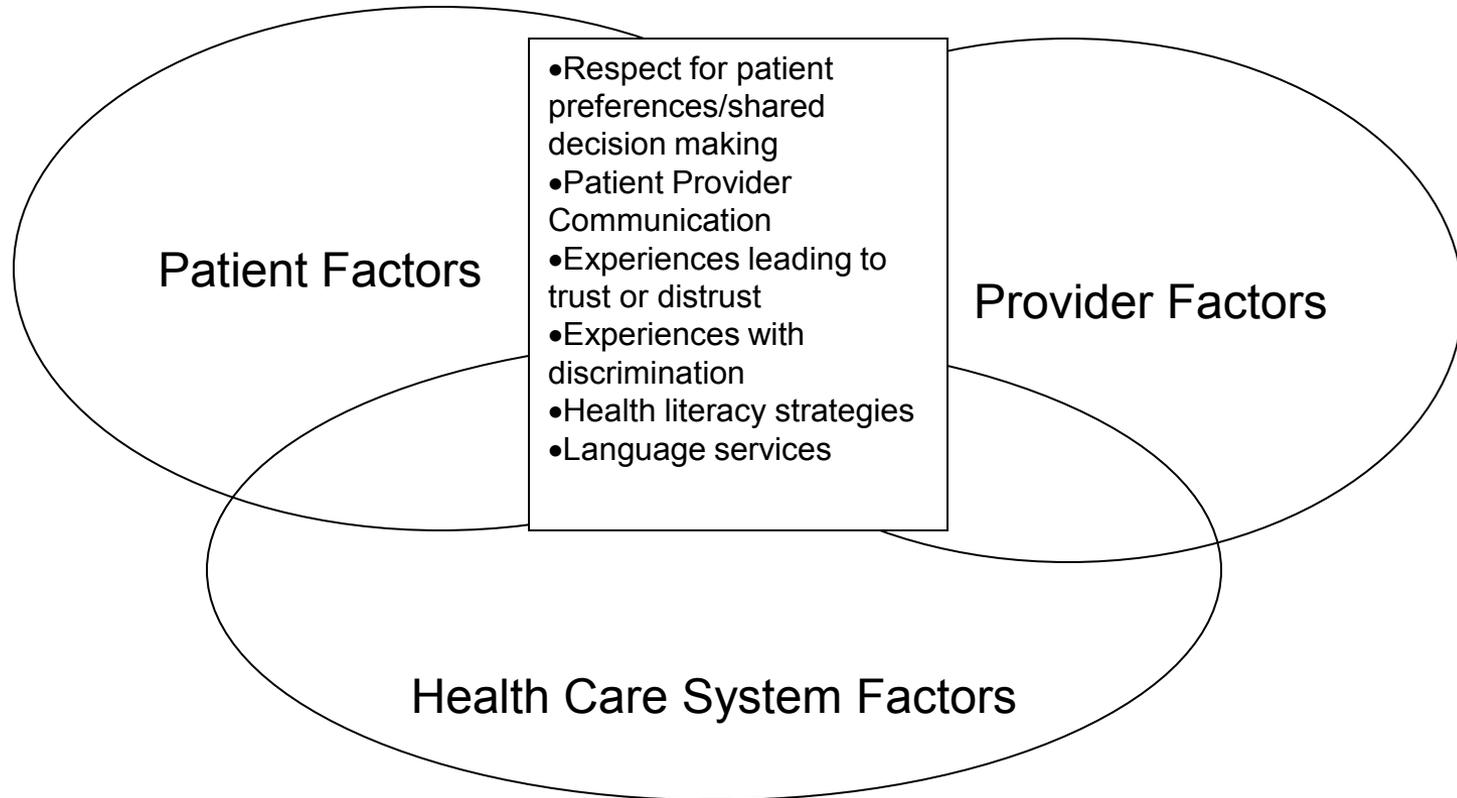
- CAHPS surveys examine quality and performance based on consumer experiences
- **CAHPS I-** Health plan survey included patient-doctor communication and research on racial/ethnic and language differences
- **CAHPS II-** research on cultural competence and initial development and testing of a cultural competency item set
- **CAHPS III-** inclusion of Cultural Competency (CC) Item Set into CAHPS family of instruments

# Development of CAHPS CC

- Development of a Conceptual Model\*
- Item Development
- Translation of Item Set into Spanish
- Cognitive Testing
- Field Test

\* Ngo-Metzer et al. 2006. Cultural competency and quality of care. Available at [www.cmwf.org](http://www.cmwf.org)

# Measuring Culturally Competent Care



# Cultural Competence and Consumers

- **Providers and Consumers**
  - Communication
  - Shared decision-making
- **Systems, Providers and Consumers**
  - Experiences leading to trust or distrust
  - Experiences of discrimination
  - Linguistic competency (health literacy and language services)

# CAHPS and Cultural Competence (Gaps in Current Measures)

- **Communication**
  - Use of complementary and alternative medicine
- **Shared Decision-Making**
  - Respect for patient preferences
- **Linguistic Competency**
  - Access to language services
  - Health literacy aspects
- **Experiences Leading to Trust/Distrust**
  - Level of trust, caring, truth-telling
- **Experiences of Discrimination**
  - Due to race/ethnicity, insurance, language

# Item Development

- Literature review of existing measures
- Adapted or modified measures in the public domain
- Wrote new items for domains/sub-domains for which we were unable to identify existing measures

# Overview of draft item set

- Developed as a supplemental item set for the CAHPS Clinician and Group Survey
- Included 6 composites and 47 items
  - Patient-Provider Communication (5 items)
  - Alternative Medicine (6 items)
  - Shared Decision-making (7 items)
  - Experiences of Discrimination (12 items)
  - Trust (7 items)
  - Language Access (10 items)

# Translation into Spanish

Used modified “translation by committee approach”

- Conducted 2 forward translations using ATA certified, professional translators
- Provided translators background info (purpose, characteristics of target audience, mode of data collection)
- Reviewed and reconciled translation differences by committee of translators and bilingual members of CAHPS Cultural Comparability team

# Cognitive Testing

- Assess patients' understanding of draft survey items
- Assess whether patients' understand key concepts as intended
- Assess appropriateness of Spanish language translation/identify problems w/translation
- Identify terms, items, response options that are problematic
- Findings used to revise and refine survey items

# Cognitive Testing

- Semi-structured interview with scripted probes
- Used concurrent, think aloud method to interview
- 18 interviews conducted
  - 9 in Spanish and 9 in English
  - Los Angeles, Boston, Chapel Hill, NC
  - Mix of respondents in terms of age, race/ethnicity, gender, and level of education
  - Set targets for Hispanic subgroups

# Findings from Cognitive Interviews

- Respondents generally understood survey items and were able to provide meaningful responses
- Item set generally covers issues and experiences that are relevant and important to the respondents
- Several respondents had problems following the skips (particularly Spanish speakers)
- Some translation issues identified
- Some items were confusing or difficult to understand

# Revisions to Survey

- Shortened some items to make them easier to understand
- Modified translation of some items to make items easier to understand
- Dropped items that were redundant
- Dropped items that did not provide meaningful data

# Field Test

- Sample
  - Stratified random sample by race/ethnicity and language
  - 6,000 Medicaid managed care enrollees from two health plans (CA and NY)
- Survey
  - Mixed mode
    - Two-stage mail phase
    - Two-stage phone phase
  - 26% response rate

# Field Test

- Analytic sample limited to respondents who had
  - A personal doctor
  - Visited their personal doctor at least once during the last 12 months
- Racial/ethnic composition of final sample (N=991)
  - White- 15%
  - Black- 15%
  - Hispanic- 34%
  - Asian- 17%
  - Other- 18%
  - Missing- 1%

# Data Analysis

- Psychometric analysis
  - Exploratory factor analysis
  - Confirmatory factor analysis
  - Multitrait scaling analysis
  - Internal consistency (Cronbach alphas)

# Data Analysis

- Regression analysis
  - Assess convergent validity
  - Overall doctor rating (0-10) = f (CAHPS CC composite, gender, age, education, and perceived health status)
  - CAHPS CC composites
    - Items converted to 0-100 scale
    - Average of item scores within composite

# Results

- Exploratory factor analysis (eigenvalues  $> 1$ ) and confirmatory factor analysis (CFI= 0.91; TLI= 0.99; RMSEA= 0.04) provided support for a seven-factor structure
  - Doctor Communication-Positive Behaviors (5 items)
  - Doctor Communication-Negative Behaviors (4 items)
  - Doctor Communication-Preventive Care (4 items)
  - Doctor Communication-Alternative Medicine (2 items)
  - Shared Decision Making (2 items)
  - Equitable Treatment (2 items)
  - Trust (5 items)

# Results

- **Multitrait scaling**
  - Item-scale correlations above 0.30 for all items
  - Item discrimination
    - Items correlated more with their hypothesized scale than with other scales
- **Internal consistency**
  - Ranged from 0.58 for Doctor Communication-Alternative Medicine to 0.92 for Doctor Communication-Positive Behaviors
  - Exceeded 0.70 for four of the seven composites

# Results

- Psychometric analysis provided support for one additional domain
  - Access to Interpreter Services (5 items)
- Regression results showed that all CAHPS CC composites were positively and significantly associated with overall doctor rating

# Conclusions

- The CAHPS CC item set
  - Demonstrates adequate measurement properties
  - Assess culturally competent care from the patient's perspective
  - Addresses aspects of care that are important to patients' ratings of care
- Health care organizations wanting to improve their CAHPS ratings can implement quality improvement to address CAHPS CC domains
- Recommend the item set as a supplemental module for the CAHPS health plan and clinician and group survey instruments

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