

# Cultural Competency Training: Best and Promising Practices



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# Faculty Presenter Disclosure



- No discussion of any off-label/unapproved uses of drugs or medical devices
- Consultant and/or speaker for several pharmaceutical (Pfizer), multilingual communications (Network Omni), and medical education companies (Praxis Partnership, Antidote, Eden Communications)

# Objectives



- Define the concept and rationale for culturally competent, patient-centered care
- Describe best and promising cultural competency training practices being implemented in health professions educational programs and healthcare organizations

# Perspective Matters



## *“Maria”* – A Poem

by Rafael Campo

# Institute of Medicine Reports



## Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2002)

*“Healthcare providers should be made aware of racial and ethnic disparities in healthcare .... In addition, all current and future healthcare providers can benefit from cross-cultural education.”*

## Crossing the Quality Chasm: A New Health System for the 21st Century (2001)

*“Health care ... should be safe, effective, patient-centered, timely, efficient, and equitable.”*

# What is Cultural Competence?



“The ability of systems to provide care to patients with diverse values, beliefs and behaviors including tailoring delivery of care to meet patients’ social, cultural, and linguistic needs. The ultimate goal is a health care system and workforce that can deliver the highest quality of care to every patient, regardless of race, ethnicity, cultural background, or English proficiency.”

The Commonwealth Fund. New York, NY, 2002

# Rationale for Culturally Competent Health Care

- Responding to demographic changes
- Eliminating disparities in the health status of people of diverse racial, ethnic, & cultural backgrounds
- Improving the quality of services & outcomes
- Meeting legislative, regulatory, & accreditation mandates
- Gaining a competitive edge in the marketplace
- Decreasing the likelihood of liability/malpractice claims

Cohen E, Goode T. Policy Brief 1: Rationale for cultural competence in primary health care. Georgetown University Child Development Center, The National Center for Cultural Competence. Washington, D.C., 1999.

# Legislation

***New Jersey: “Requires Physician Cultural Competency Training as a Condition of Licensure”***

*Senate Bill 144, signed into law March 23, 2005*

*<http://www.njleg.state.nj.us>*

***California: Civil Code §51***

***“Continuing Medical Education on Cultural Competency”***

*AB 1195—Chapter 514, effective July 1, 2006*

*[http://www.aroundthecapitol.com/Bills/AB\\_1195](http://www.aroundthecapitol.com/Bills/AB_1195)*

***Washington State: “Requiring Multicultural Education for Health Professionals”***

*2006 Senate Bill 6194S, signed into law March 27, 2006*

*<http://www.washingtonvotes.org/2006-SB-6194>*



# **National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care**

***Final Report***

**DHHS Office of Minority Health**

Federal Register: December 22, 2000, Volume 65, Number 247,  
pages 80865-80879 - [www.omhrc.gov/CLAS](http://www.omhrc.gov/CLAS)

# Emerging Accreditation Requirements and Guidelines



- **Liaison Committee on Medical Education**
- **Accreditation Council for Graduate Medical Education**
- **Joint Commission on Accreditation of Health Care Organizations**
- **National Committee on Quality Assurance**

# The Business Case



## **Why Companies are Making Health Disparities Their Business. The Business Case and Practical Strategies.**

National Business Group on Health/Office of Minority Health, 2003.

[http://www.omhrc.gov/cultural/business\\_case.pdf](http://www.omhrc.gov/cultural/business_case.pdf)

## **National Business Group Health Disparities Initiative Promoting Health for a Culturally Diverse Workforce**

[http://www.wbgh.com/prevention/health\\_disparities.cfm](http://www.wbgh.com/prevention/health_disparities.cfm)

## **Reducing Disparities through Culturally Competent Health Care: An Analysis of the Business Case.**

Brach C, Fraser I. Quality Management in Health Care 2002;10(4):15-28.

# Evidence Base for Cultural Competency Training

## ***A Methodologic Review of Studies Evaluating Cultural Competence Training of Health Professionals.***

Price EG, et al. Academic Medicine 2005 80(6):578-586

## ***Cultural Competence: A Systematic Review of Health Care Provider Educational Interventions***

Beach MC, et al. Medical Care 2005; 43(4):356-373.

# Commission to End Health Care Disparities



- American Medical Association
- National Medical Association
- National Hispanic Medical Association
- 50+ other leading health professional associations

[www.ama-assn.org/go/healthdisparities](http://www.ama-assn.org/go/healthdisparities)



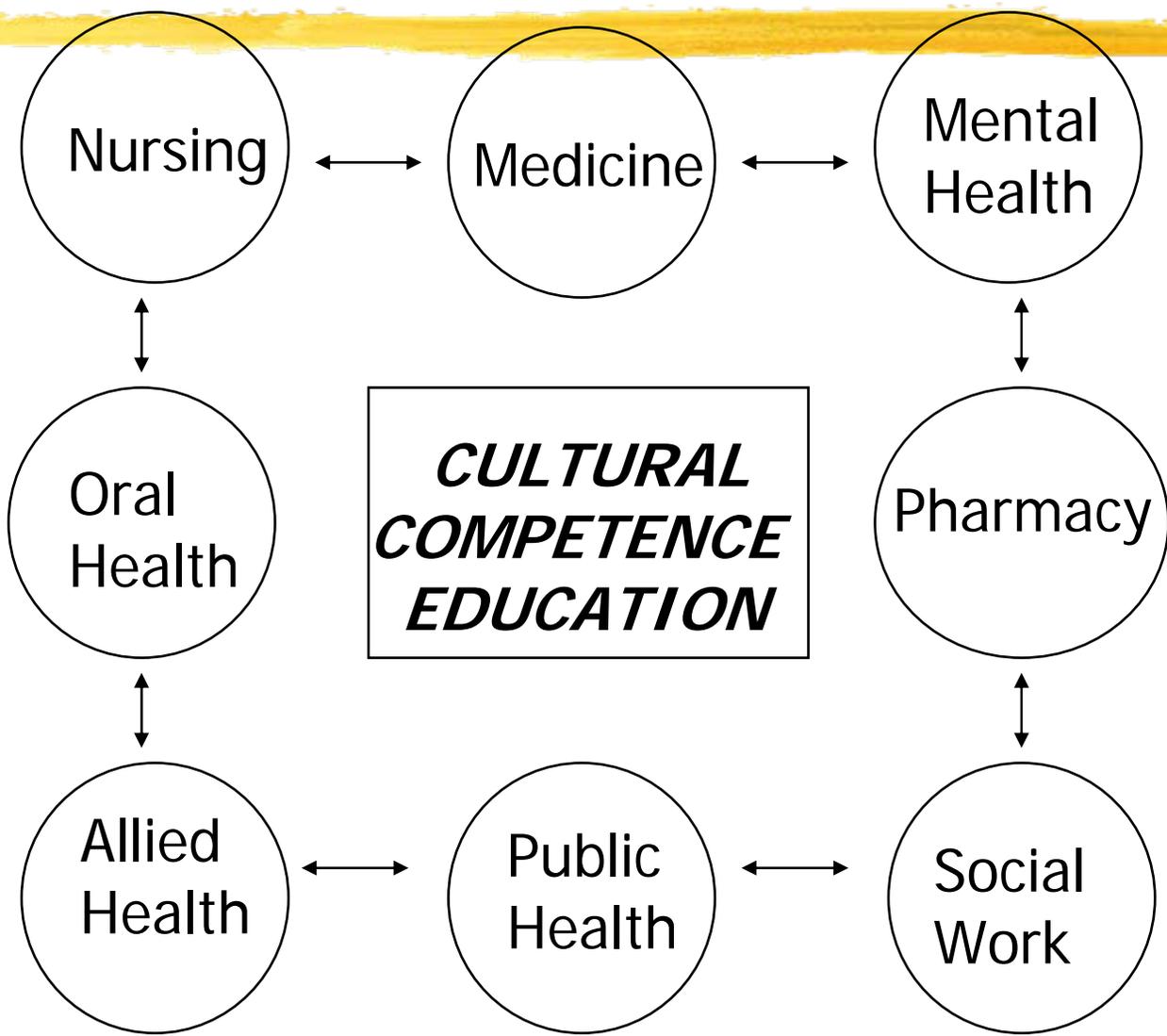
***Working Together to End  
Racial and Ethnic Disparities:  
One Physician at a Time***

Educational Program produced by  
the American Medical Association

[www.ama-assn.org/go/healthdisparities](http://www.ama-assn.org/go/healthdisparities)



**Becoming a  
Culturally Competent  
Health Care Professional**



# Professional Medical Organizations

*The following are some of the specialty groups that have published guidelines and/or policies relating to the care of culturally diverse populations:*

- Society of Teachers of Family Medicine
- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Obstetrics and Gynecology
- American Psychiatric Association
- American College of Emergency Physicians
- American Academy of Orthopaedic Surgeons

# The *ASKED* Framework



***A*** - Awareness

***S*** - Skill

***K*** - Knowledge

***E*** - Encounters

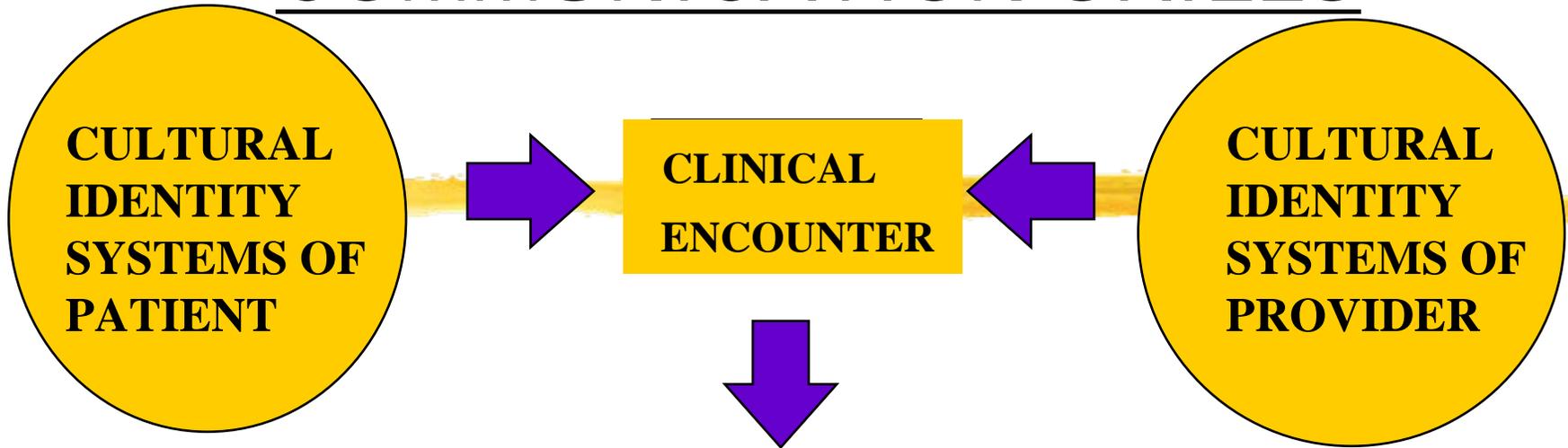
***D*** - Desire

# Challenging the “Isms”



- Ageism
- Sexism
- Racism
- Classism
- Heterosexism
- Ableism
- Xenophobia
- Ethnocentrism
- Relativism
- Scientism

# COMMUNICATION SKILLS



## **ISSUES IN THE COMMUNICATION BETWEEN PATIENT & PROVIDER:**

**EXPLANATORY MODELS  
STEREOTYPING  
RAPPORT  
SATISFACTION  
COMPLIANCE  
RESPONSIBILITY**

Hill RF, Fortenberry D, Stein HF: "Culture in Clinical Medicine,"  
Southern Medical Journal 83 (9): 1071-1080, 1990.

# RESPECT MODEL



**R** : Respect

**E** : Explanatory Model

**S** : Sociocultural Context

**P** : Power

**E** : Empathy

**C** : Concerns and Fears

**T** : Therapeutic Alliance/Trust

Developed by the Boston University Residency Training Program in Internal Medicine, Diversity Curriculum Taskforce. Published in Bigby J.A., ed. Cross-Cultural Medicine, Philadelphia, PA, American College of Physicians, 2003, p. 20.

# Caring for Diverse Populations



- Human Genome Project
- Racial and Ethnic Differences in Pharmacology
- Evidence-Based Multicultural Medicine
- Culturally Responsive Clinical Practice Guidelines and Disease Management
- Complementary/Alternative Medicine

# Key Points



- Within-group diversity is often greater than between-group diversity
- There is no “cookbook approach” to treating patients
- Avoid stereotyping and overgeneralization
- An assets and strengths-based perspective is important to maintain
- Every encounter is a cross-cultural encounter



***Principles and Recommended  
Standards for Cultural  
Competence Education of  
Health Care Professionals***

**Cultures in the Clinic Project**

Jean Gilbert, PhD, Chair and Editor

Julia Puebla Fortier, Co-Chair and Expert Consultant

Funded by the California Endowment



***Transforming the Face of Health  
Professions Through Cultural &  
Linguistic Competence Education:  
The Role of the HRSA Centers of  
Excellence***

<http://www.hrsa.gov/culturalcompetence/curriculumguide>

Funded by the Health Resources and Services Administration



# **Second Language and Cultural Competency Training for Continuing Medical Education (CME) Credit**

<http://www.calendow.org/reference/publications/pdf/cultural/Second%20LanguageCultural%20Comp.pdf>

**Funded by the California Endowment**

# Cultural and Linguistic Competency Training

- Monographs/Articles
- Seminars/Workshops/Courses
- Grand Rounds/Conferences
- Curricular Materials/Simulations
- Community Immersion Experiences
- Multimedia - Videos/CD-ROMs/DVDs
- Websites/E-Learning/Blended Learning

# Clinical Cultural Competency Assessment Tools

- Weissman JS, Betancourt JR, et al. "Resident Physicians' Preparedness to Provide Cross-Cultural Care," *Journal of the American Medical Association* 2005; 1058-1067.
- Thom DH, Tirado MD. "Development and Validation of a Patient-Reported Measure of Physician Cultural Competency," *Medical Care Research and Review* 2006; 63(5):636-655.
- Campinha-Bacote J: Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Revised (IAPCC-R)  
<http://www.transculturalcare.net>
- Georgetown National Center for Cultural Competence  
Cultural Competence Health Practitioner Assessment (CCHPA)  
<http://www11.georgetown.edu/research/gucchd/nccc/features/CCHPA.html>
- Like RC: Clinical Cultural Competency Questionnaire (CCCQ)  
[http://www2.umdnj.edu/fmedweb/chfcd/aetna\\_foundation.htm](http://www2.umdnj.edu/fmedweb/chfcd/aetna_foundation.htm)

# Cultural Competency Activities in Health Care Organizations



## What is the Current Status?

- *“No Talk and No Walk”*
- *“Talking the Talk”*
- *“Walking the Talk”*
- *“Talking and Walking”*

# ONGOING CHALLENGES



- How do we generate interest, deal with resistance, and support the desire to become more culturally competent?
- How do we address historical and contemporary “isms” and “fears”?
- How do we foster trust and develop meaningful and productive partnerships with diverse communities?

# ONGOING CHALLENGES

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- How do we evaluate the effectiveness of cultural competency educational programs?
- How do we support, institutionalize, and sustain cultural competence in our academic health centers and health care organizations?
- How do we align the social, economic, and business cases for cultural competency initiatives?

# The Need for Cultural Humility

- A lifelong commitment to self-evaluation and self-critique
- Redressing power imbalances
- Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations

Tervalon M, Murray-Garcia J: "Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education," Journal of Health Care for the Poor and Underserved 1998; 9(2):117-124.

# Images and Metaphors for Diversity

**Rainbow**

**Kaleidoscope**

**Mosaic**

**What is your  
preferred image?**

**Salad**

**Cauldron**

**Melting Pot**

**Others?**