THE CALIFORNIA ENDOWMENT

A Partner for Healthier Communities

A Manager's Guide to Cultural Competence Education for Health Care Professionals

Prepared for The California Endowment
Edited by M. Jean Gilbert, Ph.D.

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Preface

Dear Colleague:

The California Endowment is pleased to share our publication *A Manager's Guide to Cultural Competence Education for Health Care Professionals*. Recognizing the changing national demographics and the unacceptable disparities in access to quality health care across population groups, The California Endowment is committed to building the fields of Multicultural Health and Cultural Competence, in part through the creation of publications such as this.

The Endowment's Cultural Competence Program Area aims to advance this emerging field until culturally responsive and linguistically accessible health care is considered a basic right for consumers and an integral part of quality health systems in California. With the broad dissemination of this guide, The California Endowment adds to its growing number of educational resources and publications designed to develop and to strengthen the ability of health care professionals and organizations to serve diverse and underserved populations.

In April of 2001, The California Endowment provided funding for Jean Gilbert and Julia Puebla-Fortier to solicit input from across the nation to develop consensus standards for cultural competence education of health care professionals. The 18-month process included the work of an expert panel, a working symposium and a listserv comment process involving numerous interested persons, experts and stakeholders. I want to recognize Jean Gilbert, Julia Puebla-Fortier and the expert panel for their work in this endeavor. I also want to commend Jai Lee Wong, Senior Program Officer, and Sakinah Carter, Program Associate, for their leadership, and Joseph Betancourt, M.D., Senior Advisor for The Endowment, and Alice Chen, M.D., Health Policy Scholar in Residence at The Endowment, for their guidance on this project.

This *Manager's Guide* includes information on how to structure a cultural competence training program, as well as resources to assist in setting up a training program, to identify qualified trainers, and to assess the cultural competence of organizations and their personnel. It is intended to complement our *Principles and Recommended Standards for the Cultural Competence Education of Health Care Professionals* as well as the *Resources in Cultural Competence for Health Care Professionals* publications. We hope this publication will assist managers and administrators in their efforts to provide culturally appropriate education, with the ultimate goal of contributing to the overall improvement in the quality of health care for all consumers.

As this publication embodies an aggregate of information and opinions gathered from many different sources, it does not necessarily represent the opinions of The California Endowment. We hope you find this resource of benefit, and we thank you, as always, for being an important partner for healthier communities.

Sincerely,

Robert K. Ross, M.D.
President and Chief Executive Officer
The California Endowment

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This guide is designed to help managers and administrators of health care organizations select the right kind of cultural competence trainer to fit the needs of the health care professionals working in their organizations. It complements and should be used with the *Principles and Recommended Standards for the Cultural Competence Education of Health Care Professionals.* While the *Principles and Recommended Standards* set guidelines for all types of cultural competence education of health care professionals, including formal education, the *Manager's Guide* gives special attention to the needs of organizations that are considering continuing education offerings and in-service training for their practicing professionals.

There are, unfortunately, a limited number of high quality trainers and training organizations that specialize in cultural competence training for health care professionals, and they vary in their emphases and approaches. Near the end of this guide is a list of well-qualified training organizations, individual trainers and educators, and a description of the services they offer. But before selecting a trainer or training program, there are some important factors that need to be considered when planning a cultural competence educational program.

What *is* Cultural Competence?

As a starting point, it is important to define what cultural competence in health care *is*, since it is toward this goal that training will be directed. There have been numerous attempts to define this term, but perhaps the most widely accepted and useful definition is that given by Cross, Basron, Dennis & Issacs in 1989 in their work at the National Center for Cultural Competence, Georgetown University, which is adapted below:

> Cultural and linguistic competence is a set of congruent behaviors, knowledge, attitudes and policies that come together in a system, organization or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs and institutions of racial, ethnic, social or religious groups. "Competence" implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, practices and needs presented by patients and their communities.

Perhaps one reason this definition has enjoyed such wide acceptance is that it succinctly defines culture and competence in relationship to each other. Another reason is that the definition is action, knowledge and skill-based. For many years the terms "culturally sensitive" and "culturally relevant" have been used to describe quality care for diverse populations, and, more recently, "culturally responsive" care has been used. These are all useful terms and "cultural competence" includes them all. However, the notion of competence implies specific kinds of perceptions, knowledge and skills that must be acquired and appropriately used.

Some people are a bit uneasy about using the word "competence" because it implies standards for achieving mastery. Essentially, that is what it *should* imply, as it would when one strives for competence in any field. The goal of cultural competence training for health care professionals is mastery of specific knowledge and skills that increase their ability to provide

care to diverse populations. As such, it can be seen as enhancing and adding to their already well-developed care-giving skills. It must be emphasized that as with achieving competence in any other field, the learning process for cultural competence should never stop—it should be an on-going, life-long education.

Why Do Health Care Professionals Need to be Trained in Cultural Competency?

The last 25 years have brought many demographic changes to the United States, intensifying in the last ten years of the 20th century. Political and economic changes elsewhere in the world have sent a massive number of refugees and immigrants to our country. We are, in fact, in the middle of the largest wave of immigration the nation has ever known. We are also a polyglot nation, and many people are limited speakers of English. Not only are there many languages, but also there are many different concepts about health care.

Every culture has, interwoven into its basic worldview, beliefs about health, disease, treatment and health care providers. People from the many immigrant cultures bring these beliefs, as well as the practices that accompany them, into our clinics, hospitals and other health care organizations. These often prove to be a challenge to health care professionals who have been trained in the philosophy, concepts and practices of Western medicine.

Responding to this challenge, the Office of Minority Health in the U.S. Department of Health and Human Services conducted a two-year study by a panel of national experts resulting in the development of the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, commonly called the CLAS Standards. Published in the Federal Register in December 2000, the 14 CLAS Standards serve as a guide to quality health care for diverse populations, and many health care organizations are following their guidance. Included among the 14 standards is one that recommends that health care organizations ensure cultural competence in their professional staff by offering them education and training in the field. The CLAS Standards, along with an in-depth discussion of how they were formulated, are available at www.omhrc.gov/clas.

Accreditation organizations, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), following up on these standards, are requiring that health care professionals receive training in delivery of services to diverse populations, as are some state contracts for Medicaid and Medicare. The Centers for Medicare and Medicaid Services (CMS) are recommending that health care organizations with whom they contract for these services provide culturally and linguistically appropriate care.

Additionally, as the state and federal government collected health status statistics and set goals around the health of the nation, it became painfully clear that some population groups in America suffer disproportionately from poor health, disease and limited access to health care. Studies of the variance in disease burden and poor health across U.S. groups culminated in an Institute of Medicine study and review document, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, March 2002 (available at www.nap.edu). This document discusses the various patient-based, systems-based and health care provider-based factors that lead to unequal treatment in health care. Again, among the several recommendations made in this study to begin to address and to resolve these disparities is to "Integrate cross-cultural education into the training of all current and future health professionals."

Numerous health care professional associations, such as the American Association of Medical Colleges, American Medical Association, and the American Nurses Association have urged professional schools to include attention to cross-cultural medicine and health care disparities in their basic educational programs. Medical schools and residency programs as well as nursing schools are responding to these recommendations by instituting classes and activities designed to enhance the cultural knowledge and sensitivity of their graduates.

But what about the health care professional already out of school and in practice — the health care professionals working in your organization? Health care organizations from health management organizations and health plans to individual clinics and hospitals are seeking to adhere to the accreditation requirement and CLAS Standards by providing cultural competence training to their staff. Area Health Education Centers are mounting conferences and seminars on the subject. Since the field is so new, however, managers and continuing education organizers are often confused about what kinds of training exist and who offers high quality, meaningful cultural competence education. This guide is designed for them.

Some Important Things to Consider When Planning Cultural Competence Training for Health Care Professionals

Two Different Kinds of Training

The first thing to consider is the difference between *work force* diversity training and *cultural competence* training for health care professionals. The former is focused on improving relationships and interactions among members of a diverse work force. The latter is focused on improving the quality of care for and enhancing service delivery to diverse patient populations. While both types of training are important, and some trainers and educators can move easily between the two fields, there are clearly different goals and objectives for each. Often the backgrounds of the trainers are different, as are the content of their training, their methods and their training techniques, as will be explained below.

The essential focus of cultural competence training in the health professions is on the care-giving relationship between providers and patients and on how services are delivered to diverse patient populations. Therefore, it is very important for cultural competence trainers of health care professionals to be quite familiar with how services are delivered to patients, the content and knowledge base of the different health care professions and how they are expected to interact with patients. They should also have a deep understanding of the health care beliefs and practices of different populations to be served. Nothing renders a workshop for physicians and nurses, for example, more "dead in the water" than for a trainer to be unfamiliar with the exigencies of day-to-day patient care.

Health care professionals are highly receptive to understandings, tools and new practices that will make their care of diverse patients more effective. They are also responsive to specific kinds of knowledge about the populations they serve and ways to improve their communication with them in encounters. Trainers with backgrounds in the health care professions and/or in medical anthropology and sociology can usually best meet their needs.

On the other hand, work force diversity trainers need to be familiar with such things as management and organizational structure, organizational change, teamwork performance expectations, union influence, affirmative action and the work-related beliefs, attitudes, practices, and expectations of different cultures coming together in the workplace. The emphasis here is on enhancing teamwork, good relationships and effective work performance. Diversity trainers often have background in management consulting or organizational development as well as education in cross-cultural workplace behavior and expectations.

While managers may want to provide both kinds of training to their health care professionals (and in this day of multicultural health care work forces, this is certainly desirable), it is important to recognize the difference between the two. This *Guide* is focused on cultural competence training for health care professionals with the objective of enhancing the quality of patient care to diverse populations.

Becoming Culturally Competent is a Developmental Process

No one becomes culturally competent overnight or with one or two hours of training. As in any field that emphasizes competence, certain attitudes need to be learned, skills transmitted and knowledge absorbed. Additionally, the students/trainees need to understand the rationale behind the elements of the training: Why do they need to know these things? How will knowing

them be useful to them in their work? Is the information they are acquiring evidence-based, and are the skills known to be effective?

Oftentimes cultural competence training involves attitude changes and the examining of personal biases and stereotypes as an initial step to acquiring the skills and competencies necessary for quality cross-cultural care. This requires careful guidance and skillful group facilitation.

Additionally, it has been pointed out that many, though certainly not all, health care professionals have received little background in the social and behavioral sciences in which the concept of culture and its reflection in attitudes and behavior are studied. Therefore, cultural competence may not at first blush seem relevant to their patient care practices. Acquiring a receptive attitude toward and understanding the relevance of cultural competence training are critical first steps. Acquiring specific skills, knowledge and understandings necessarily follow.

Many of the special skills that underlie culturally competent patient care require thoughtful analysis and practice. Assessing the cultural elements in a case study of death and dying, for example, or developing an understanding of the barriers to acceptance of a prevention program or treatment regimen across patient groups requires careful thought and, hopefully, interactive discussion. Acquiring the skills to effectively and efficiently use a telephone or a face-to-face interpreter depends on opportunities to practice these skills in a safe environment. The ability to tactfully question a patient to learn his cultural interpretation of a disease or disorder and his expectations about treatment is a skill that may result in uncovering resistance to treatment. The ability to negotiate between the patient's understanding and the provider's may result in enhanced quality of care. Both of these skills are learned cross-cultural communication skills that require analysis and opportunity for practice.

Since there is no good "quick fix" in cultural competence education and training, how do managers with limited training time and budgets approach cultural competence training for the health professionals in their organizations? The best way is to first familiarize themselves with the field, even if only in a cursory way. The second is to seek the help of an experienced trainer or training organization. Sections in this guide will enable the manager to do both. **Resource Section 1** provides a checklist of criteria to consider when selecting a trainer and lists training organizations and individuals with extensive and well-thought-out training programs and the expertise to work flexibly with clients to meet their needs. Most have web sites where you can view their training philosophies, approaches and materials. **Resource Section 2** contains a listing of Guidebooks and Manuals that others have developed to meet training needs in this field. **Resource Section 3**, "Models for Culturally Competent Health Care," provides a selection of resources that present cultural competence curriculum concepts and full-blown curricular modules that have been developed by various organizations to meet specific service delivery needs. **Resource Section 4** lists organizational assessments, the need for which will be discussed later in this *Guide*.

Structuring a Cultural Competence Training Program

Cultural competence is a field in which a very small training effort can be a dangerous thing, since training programs often raise questions and issues that require time to discuss and work

through. However, there are ways that training may be structured that produce positive results, satisfy health care professionals and have the potential for enhancing the quality of patient care for multicultural populations. Each requires that the manager think in terms of a long-term, developmental approach.

The first step may consist of a carefully structured introductory conference, symposium or workshop that includes knowledgeable speakers, special topic breakout groups and opportunities for discussion and interaction around the rationale and general concepts underlying cultural competence in health care. Once the topic has been well introduced, there are numerous ways that follow-up training can be accomplished. These could include shorter profession-focused workshops for different types of health care professionals, since the care practices of, for example, nurses, health educators and doctors differ, and so do the issues of multicultural health that confront them.

A complementary approach could be to integrate cultural competence training into a variety of other educational offerings. For example, one health management organization included a very well-received breakout session on issues arising in specific populations in their one-day diabetes symposium. A community clinic incorporated a two-hour training on how to work with interpreters into their physicians' monthly staff meeting. A hospital considered the role played by language barriers in a symposium on medical errors. A teaching hospital included cultural issues in several grand rounds dealing with cardiology, oncology and renal dialysis. Cultural competence training modules can be incorporated into staff meetings and brown bag lunches. Community leaders from various population groups can be brought in to discuss the health care issues facing their communities as well as some of the health beliefs prevalent in their cultural groups. Two staff model HMOs, Harvard Pilgrim and Kaiser Permanente Southern California, offer yearly trainings for nurses and physicians who work with the organization.

The manager should be alert to opportunities to send health care professionals to workshops, symposia, conferences and institutes on topics related to cultural competence in health care. Oftentimes, these offerings are sponsored by colleges and universities, local and state governments, and AHECs. A biennial national conference, *Quality Health Care for Diverse Populations*, brings together national experts in the field in plenary and workshop sessions. Dates for this conference are posted on the Diversity Rx web site (www.diversityrx.org). Some of the training organizations listed in Section 1 offer train-the-trainer courses that make it possible for persons to acquire skills in introductory cultural competence training and take them back to their organizations.

Every effort should be made to organize trainings so that continuing education credits is available for participants. Workshops and courses offering these credits are likely to have much better attendance than those that do not. The trainers listed in the guide are well acquainted with the procedures and requirements of continuing education and will work with your organization to make this possible.

In summary, there are numerous ways that short, effective trainings can be incorporated into professionals' busy schedules if attention is paid to the sequencing of trainings and they are not seen as one-time only offerings, but as on-going developmental opportunities that build upon each other. For the manager, the key is a little bit of knowledge, a lot of planning and a long-term view.

Is Cultural Competence Training One-Size-Fits-All?

The answer to this question is yes … and no. Oftentimes, in the introductory stages of cultural competence training when general principles are presented and a rationale for such training is made, it is appropriate and useful for a mix of different kinds of health care professionals to attend. This provides an opportunity for various groups of professionals who work together to explore the meaning and importance of cultural competence skills and knowledge in their reciprocal fields. This can result in lively interaction and an easier grasp of the way that attention to multicultural care affects the whole spectrum of health care.

Health care professionals are, however, very concerned that the trainings they receive provide them with information and tools that they can use in their everyday practices. As a developmental approach to cultural competency training unfolds, this may mean that specialized trainings focused on specific practices need to be considered. Pharmacists have needs different from physicians, and both differ from the needs of nurses, health educators and social workers. It is useful to have trainers who are familiar with these different needs and can vary their educational offerings accordingly. Managers should, therefore, explore with potential trainers their expertise in working with specific health care professionals, and their ability and willingness to team with others to focus training programs on the needs of particular groups. If a single training opportunity is to be offered to a specific professional group, it is wise to consider a trainer or training team that can move from introductory concepts to group specific needs in a single day's intensive training. Regardless of the specificity of the practice area, however, all health care professionals benefit from cultural competence training.

Next, it is important to give the participants of any training the opportunity to evaluate the usefulness of the training in enhancing their ability to care for diverse patients. It gives managers who are implementing a developmental program an idea of what worked and what didn't and may suggest changes that need to be made in trainers or the direction of the training program. Additionally, managers may find it helpful for future trainings to learn about the opportunities in which professionals were able to put in practice the knowledge and skills learned in training. Evaluation is useful to trainers for similar reasons; good trainers will be able to make adjustments in the materials they present and how they present them. Evaluation is essential if continuing education credits are to be given.

Finally, it is critical that medical and other administrators, such as medical directors, chiefs of service, hospital administrators and directors of nursing attend the training themselves. It is especially important at the beginning of the training for the health care professionals being trained to see that the subject and the character of the training have clinical significance and are endorsed by those most concerned with clinical excellence. Having a medical director or director of nursing kick-off the training will go a long way toward its acceptance by those being trained. Even more helpful would be if such a professional actually would learn and participate in the training with the others. Additionally, for the purpose of providing organizational support for professional cultural competence, administrators need to have a clear idea of what concepts, attitudes, knowledge and skills are being taught. A discussion of organizational cultural competence and its relevance follows.

Organizational Support for Professional Cultural Competence

Before providing training in cultural competence to health care professionals, managers need to consider their organization's willingness and ability to support professionals trained in providing culturally competent care. Not all health care organizations have the systems or the capabilities in place to encourage or even make possible the practice of this kind of care.

Sometimes an organization will embark on training only to discover that it hasn't adequately assessed the size and characteristics of the various populations that it serves. Organizations should have some understanding of the race/ethnicity, language, national origin, age, gender and sexual orientation of their client population. Lack of awareness often results in a disconnect between the perceptions of the administrators who aren't in day-to-day contact with the populations served and the perceptions of health care professionals who are. This can cause significant disparity between administration and staff with respect to views of the cultural competence needs of the organization and the kinds of cultural competence training that are appropriate. Imagine, for example, the frustration of health care providers who learn, during training, of the legal requirements to provide adequate interpretation and the skills for working with telephone and face-to-face interpretation, only to find that their organization has made no provision for either of these language services, despite a large limited-English-speaking service population. Or the concerns of health educators who are unable to provide translated versions of health education materials to many patients because no consideration has been given to this need. Or the frustration experienced by lesbian clients who are asked about their husbands.

Before embarking on cultural competence education for health care professionals, it is very helpful to assess the organization's readiness to do so. Fortunately, there are many organizational assessments available to help a manager do this. These are listed in **Resource Section 4**, "Organizational Assessments." Additionally, many of the consultant organizations are experienced in such assessments and can work with management on an appropriate assessment.

When conducting an assessment, it is important to remember that building cultural competence into the service delivery policies and practices of an organization is also a developmental process that can't be accomplished in a short time period. The manager may want to review the 14 standards on Culturally and Linguistic Appropriate Services for Health Care Organizations to get an overview (www.omhrc.gov/clas), and then look at a few published assessments in the resource list. It's important to realize, too, that all of the items on an assessment needn't be accomplished before cultural competence training begins. In fact, training of an organization's health care professionals may be a good way to enlist their support for changes that may be made to better serve culturally diverse patients and communities. Happily, the process often turns out to build a helpful synergy!

Resource Section 1: Selecting a Cultural Competence Trainer

Criteria for Selecting A Trainer: A Checklist

The following is a checklist of characteristics to look for in cultural competence trainers, consultants and organizations. It can serve as a starting point for managers and administrators who wish to conduct training for the health care professionals within their organizations or networks.

You should find a trainer that:

- ❒ has long-term experience in training health care professionals and in working with health care organizations;
- ❒ can work with organizations in assessing their specific needs;
- ❒ has breadth and depth enough to be flexible in designing training for specific needs;
- ❒ understands the practical issues health care organizations face in meeting the service delivery needs of diverse populations;
- ❒ has full understanding of the concept of culture and its embodiment in health concepts and practices;
- ❒ understands the kinds of knowledge, skills, tools and attitudes health care professionals need to successfully interact with diverse patients;
- ❒ sees cultural competence training and learning as a developmental process and has organized their training programs to reflect this perspective;
- ❒ has a wide variety of teaching/training approaches and is effective in gaining the confidence of health care professionals;
- ❒ is bicultural or has experience in working in multicultural training teams;
- ❒ has developed an extensive amount of resource materials, tools and methods to support their training;
- ❒ has experience in living, researching or working within cultural communities; and
- ❒ understands organizational cultural competence as well as individual cultural competence in health care.

Recommended Organizations and Trainers

Below is a list of trainers/organizations that are experienced in this work and are most likely to be able to provide the kinds of training recommended in *The Principles and Standards for the Cultural Competence Education of Health Care Professionals*. These organizations/trainers are primarily focused on the community/patient/provider interface, rather than work force diversity. The organizations/trainers listed are widely recognized as being excellent in their fields and possessing the recommended criteria in the above-mentioned selection checklist for trainers.

Most of these organizations or consultants listed below have web sites where their training philosophies, mission and curricular outlines are made clear. Many have resources that can be ordered online. The manager who is beginning to think about cultural competence training in his/her organization is advised to review these web sites to get an idea of the scope of the field, the major themes within it and the availability of training resources and materials used by trainers. Then, whether or not any of the organizations or individuals listed in this guide are consulted, a manager will be able to use the 12 criteria outlined above and information gleaned from the web sites to make an informed choice that best suits the needs of his or her organization.

Organizations That Conduct Cultural Competence Training

This list is presented alphabetically and is intended to be a helpful resource for locating some of the organizations that currently conduct cultural competence training. While every attempt has been made to make this list as complete as possible at the time of publication, it is not exhaustive.

1. **The Center for Cross-Cultural Health**
   1313 Fifth St. S.E., Suite 100B
   Minneapolis, MN 55414
   612-379-3573
   www.crosshealth.com

   This center conducts training for health care providers using knowledge-able trainers supplemented by representatives from specific populations in the Midwest. The center's four-unit cultural competence foundations curriculum meets continuing education requirements for allied health professionals. The organization is able to customize training to meet the particular needs of different organizations and the populations they serve.

   Among their excellent publications are *Six Steps Toward Cultural Competence, How to Meet the Health Care Needs of Immigrants and Refugees,* and *Caring Across Cultures: Provider's Guide to Cross-Cultural Health Care.*

2. The Center for Healthy Families and Cultural Diversity
Department of Family Medicine
University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School
New Brunswick, NJ 08903-0019
www2.umdnj.edu/fmedweb/chfcd

The center provides multicultural education for health care professionals, administrators, staff, research fellows, medical students and community members through workshops, seminars, short courses and conference. It assists with technical assistance and consultation to academic institutions, managed care organizations, hospitals, clinics, and local, state, and federal governments that wish to integrate cultural and linguistic competencies into their service delivery. Additionally, it conducts research into and publishes on issues of minority and multicultural health. Considerable resources are online at its web site, including sample teaching modules. Center staff will work with health care organizations in tailoring training of various lengths and different types for specific audiences. Its staff is skilled in facilitating interaction between health care organizations/ providers and communities.

The center organizes a well-designed conference on significant issues in minority and multicultural health each year, inviting prominent scholars and speakers to present at plenary sessions and workshops. Continuing Education credit is offered for these conferences.

The center's Director, Robert C. Like, M.D., M.S., is a Professor of Family Medicine, with additional training in Medical Anthropology, who has published widely on cultural competence in health care.

3. The Center for Immigrant Health
New York University School of Medicine
550 First Avenue
New York, New York 10016
212-263-7300
www.med.nyc.edu/cih

This program conducts research and trains clinical and administrative personnel in methods to improve communication in cross-cultural health care settings by: 1) enhancing the cultural knowledge base and sensitivity of the staff; 2) facilitating development in effective cross-cultural provider/patient interaction; 3) training on circumventing the language barrier through the appropriate use of interpreters; and 4) information about immigration dynamics, entitlements and epidemiological issues.

Included among their well-researched publications are *Cross-Cultural Care Giving in Maternal and Child Health: A Trainer's Manual* and *Access Through Medical Interpreter and Language Services: Research and Recommendations.* Another helpful resource is a video entitled *Working With Interpreters.*

4. **The Cross Cultural Health Care Program**
   1200 12th Ave.
   Seattle, WA 98144
   206-621-4161
   www.xcult.org

   The Cross Cultural Health Care Program conducts cultural competence workshops in several formats and durations. Topics include such trainings as: Building Culturally Competent Community Partnerships; Building Culturally Competent Health Care Systems; Effective Cross-Cultural Communication Systems and Building Culturally Competent Language Services. They teach a Train the Trainers course in cultural competency. They have a well-developed library of tools, including assessments, teaching modules and community research booklets on many cultural groups in the United States. Extensive publications and support materials can be ordered from their web site.

   The organization is widely known, also, for its *Bridging the Gap* medical interpreter training course and compendium of support materials for interpreters and translators.

5. **Intercultural Communications Institute**
   8835 S.W. Canyon Lane
   Portland, OR 97225
   503-297-4622
   www.intercultural.org

   The Intercultural Communication Institute does not focus solely on health care issues, but its *Intercultural Developmental Inventory* has strongly influenced cultural competence curricula in health care. It is available on the web site. The Institute conducts several weeklong institutes each summer, including workshops focused on cultural competence in health care. The two directors, Milton Bennett, Ph.D., and Janet Bennett, Ph.D., are excellent speakers.

6. **Millennia Consulting**
   28 E. Jackson Blvd., Suite 1700
   Chicago, IL 60604-2214
   312-922-9920
   www.ConsultMillennia.com

   Millennia Consulting facilitates the organizational change process needed to develop goals and objectives for cultural and linguistic competence. They are experienced in making a business case for achieving cultural and linguistic competence in nonprofit health care agencies and organizations.

7. National Center for Cultural Competency

Georgetown University Center for Child and Human Development
3307 M Street N.W., Suite 401
Washington, DC 20007-3935
800-788-2066 or 202-687-5387
www.georgetown.edu/research/gucdc/nccc/cultural5.html

The National Center for Cultural Competency conducts a wide variety of on-site trainings and can create training for a variety of health care professional audiences. It maintains a consultant bank, archived by U.S. geographical areas and training specialty, and a *Cultural and Linguistic Competence Resource Database.* Additional resources include *A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment* and *A Planners Guide for Infusing Principles, Content and Themes Related to Cultural and Linguistic Competence Into Meetings and Conferences,* both of which are available on their web site.

Their Policy Briefs 1 through 4, also available on the web site, address major policy issues in the provision of culturally competent health care.

Individuals Who Conduct Cultural Competence Training

This list is presented alphabetically and is intended to be a helpful resource for locating some of the individuals who currently conduct cultural competence training. While every attempt has been made to make this list as complete as possible at the time of publication, it is not exhaustive.

1. **Josepha Campinha-Bacote, Ph.D., R.N., C.N.S., C.T.N., F.A.A.N.**
   Transcultural Clinical, Administrative, Research & Educational Consulting
   11108 Huntwicke Place
   Cincinnati, OH 45241
   513-469-1664
   www.transculturalcare.net

   Dr. Camphina-Bacote has developed a comprehensive model for training of health care professionals, *The Process of Cultural Competence in Health Care: A Culturally Competent Model of Care* that she skillfully adapts for specific audiences and training needs. She has developed an assessment instrument, *Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals,* as well as an extensive bibliography of readings in transcultural health care and mental health. She has conducted research into the health needs of diverse populations and is widely published, most especially in nursing journals. An accomplished presenter and trainer, she is equally at home giving a keynote speech or a focused workshop.

2. **Noel J. Chrisman, Ph.D.**
   School of Nursing
   University of Washington
   Box 357263
   Seattle, WA 98195-7263
   206-685-0804
   No web site
   E-mail:noelj@u.washington.edu

   Dr. Chrisman, a well-known medical anthropologist and author has taught cultural competence in the School of Nursing at the University of Washington for nearly two decades. Professor Chrisman was an early theorist and practitioner in the integration of cross-cultural medicine with formal health care training and a seminal author in the field. His deep knowledge of the field and his versatility in adapting cultural theory to a variety of training needs from family violence to operating room culture to medical and nursing faculty development allow him to flexibly meet the needs of many different health care constituencies.

3. **Peter Guarnaccia, Ph.D.**
   Institute for Health, Policy & Aging Research
   Rutgers, The State University of New Jersey
   30 College Ave.
   New Brunswick, NJ 08901-1293
   732-932-6589
   No web site
   E-mail: gortch@rci.rutgers.edu

   Dr. Guarnaccia, a medical anthropologist, specializes in trainings in cultural competence in mental health settings, emphasizing an organizational focus. He has particular expertise in Latino health and family issues, having conducted research in Mexico and in U.S. Latino communities. He is widely published in psychological, anthropological and practitioner journals.

4. **Geri-Ann Galenti, Ph.D.**
   2906 Ocean Ave.
   Venice, CA 90291
   310-827-0937
   www.ggalanti.com

   Dr. Galenti, a medical anthropologist, is well known for her book, *Caring for Patients from Different Cultures,* based on case studies from hospitals and other health care settings. Her interactive workshops guide participants to understand the kinds of cultural differences that can cause conflicts and misunderstandings among health care personnel and their patients. Highly versatile, her trainings range from cultural competency issues in home health care, nursing homes and death and dying to nutrition and women's health. Her articles on specific cultural issues in health care have appeared very frequently in nursing journals and in the Western Journal of Medicine. They, as well as sample training modules, may be reviewed on her web site.

5. **Sunita Murtha, M.D., FACP**
   Center for Health Professions
   University of California San Francisco
   333 California Street, Suite 410
   415-502-4991
   murtha@itsa.ucsf.edu

   Dr. Murtha is an Internal Medicine physician, experienced in training health care professionals. She is one of the co-creators of *Towards Culturally Competent Care: A Toolbox for Teaching Communication Strategies,* a curriculum focused on teaching clinicians to recognize cultural differences in patient interactions and to use specific skills to improve patient care. The 170-page curriculum can be adapted to programs of varying lengths and can be ordered online from http://futurehealth.ucsf.edu/cnetwork/resources/curricula/diversity.html.

6. **Suzanne Salimbene, Ph.D.**
   Interface International
   3821 E. State St., #197
   Rockford, IL 61108
   815-965-7535
   www.Inter-FaceInter.com
   IFI4you@aol.com

   Dr. Salimbene is author of *What Language Does Your Patient Hurt In? A Practical Guide to Culturally Competent Patient Care.* She has conducted cultural competence trainings in many health care settings including health plans and county and city health departments. She has developed a video training course for nurses on caring for patients from many cultures. Most recently, she has worked with the Office of Minority Health on a practical guide for health care organizations seeking to implement the DHHS Standards for Culturally and Linguistically Appropriate Services.

7. **Melissa Welch, M.D., M.P.H.**
   Perspectives of Differences Diversity Training for Health Professionals
   20 Rosewood Drive
   San Francisco, CA 94127
   415-203-3936
   podsdt@aol.com

   A Family Practice physician by training, Dr. Welch is an Associate Clinical Professor at the University of California, San Francisco and a health plan medical director. Her training guide, *Enhancing Awareness and Improving Cultural Competence in Health Care: A Partnership Guide for Teaching Diversity and Cross-Cultural Competence for Health Professionals,* has received national recognition. She offers specialized training of trainers workshops and guidance for health professionals seeking to introduce cultural competence curricula into clinical and academic settings. An example of her training curricula may be viewed on the University of California web site: http://futurehealth.ucsf.edu/.

Resource Section 2: Guidebooks and Manuals

This list is presented alphabetically and is intended to be a helpful resource of guidebooks and manuals for cultural competence training. While every attempt has been made to make this list as complete as possible at the time of publication, it is not exhaustive. The California Endowment's *Resources in Cultural Competence Education for Health Care Professionals* should also be consulted for additional resources.

1. Administration on Aging. *Achieving Cultural Competence: A Guidebook for Providers of Services to Older Americans and Their Families.* http://www.aoa.dhhs.gov/minorityaccess/guidbook2001/default.htm

   Abstract:
   This guidebook is designed for use by providers of services to racially and ethnically diverse older populations. There is growing interest in learning how effective, culturally appropriate services can be provided by professionals who have mastered culturally sensitive attitudes, skills and behaviors. It is only an introduction and not intended to substitute for more rigorous and on-going study. For readers who have taken more formal courses to acquire cultural competence, this guidebook might serve as a review. The guidebook is divided into six chapters and five appendices. Each of the first three chapters takes a particular perspective or point of view critical to understanding cultural competence. For example, in Chapter Two they explore the meaning of cultural competence. Part A provides a definition of culture and discusses the intervening factors that determine the impact of culture. Part B provides a definition of cultural competence, Part C outlines the barriers to accessing services experienced by minority elders, and Part D gives an overview of research accomplished in this area.

2. 2001 American Medical Association. *Cultural Competence Compendium.* http://www.ama-assn.org/ama/pub/category/4848.html

   Abstract:
   The contents of the Cultural Competence Compendium include cultural competence articles in American medical news and related cultural competence links. The Foreword is written by Nancy W. Dickey, M.D., President of the American Medical Association. The compendium contains links to physician professional organizations, resources emphasizing communication skills, and curriculum and training materials. Needs and resources for specific populations can be found, specifically for underserved and underrepresented racial, ethnic and socioeconomic groups. Here, you can also find information on complementary and spiritual practices and their impact on effective care, relevant materials from nursing and other health professions, patient support materials, including self-help group resources and representative cultural competence publications. The *Project to Enhance the Cultural Competence of Physicians* can be found in Section 10, Part 3.

3. Center for Cross-Cultural Health. *Six Steps Toward Cultural Competence: How to Meet the Health Care Needs of Immigrants and Refugees*. For information, contact: CCCH at 1313 SE 5th Street, Suite 100B, Minneapolis, MN 55414. Tel. 612-379-3573. CCCH@crosshealth.com

   Abstract:
   This report is for anyone interested in the relationship between health and culture in immigrant populations. It provides information on how health care can be more accessible to immigrants and refugees. Compiled by the Minnesota Public Health Association's Immigrant Health Association, its purpose is to assist health care professionals, consumers, administrators and policymakers to become more culturally competent. It provides a rational for the cultural competence approach in health care and a programmatic approach for achieving cultural competence in health care organizations and professional practice.

4. 2001 CSAT'S Knowledge Application Program; CDM/JBS Joint Venture. *Treatment Improvement Protocol: Improving Cultural Competence in Substance Abuse Treatment – A Meta-Analysis of the Literature*.

   Abstract:
   This guidebook provides definitions and discusses the importance of culture and cultural competence in substance abuse treatment, cultural competency principles for substance abuse clinicians, and the process of change and recovery. The author offers techniques in multicultural counseling, substance abuse counseling with specific populations, and discusses outreach and linkages, as well as organizational cultural competence. There is also a special segment on culturally competent screening, assessment and treatment planning.

5. Davis, Betsy J. & Voegtle, Katherine H. *Culturally Competent Health Care for Adolescents. A Guide for Primary Care Providers*. Department of Adolescent Health, American Medical Association, 515 N. State St., Chicago, IL 60610.

   Abstract:
   This handbook discusses the effect of culture on adolescents, their development and their health care. It offers suggestions on how primary care physicians can assess cultural beliefs and practices that affect adolescent health care and recommends techniques for working effectively with adolescents and their families. A section is devoted to specific information on major U.S. racial/ethnic groups. Resource organizations are cited and an appendix gives guidelines for using interpreters in a medical encounter.

6. Department of Health and Human Services. *Cultural Competence: A Journey.* For further information on the Bureau of Primary Health Care's cultural competency programs, contact: Health Resources and Services Administration, Bureau of Primary Health Care, Office of Minority and Women's Health, 4350 East West Highway, Bethesda, MD 20814.

Abstract:
The publication summarizes the evolving experiences of community programs affiliated with the Health Resources and Services Administration's Bureau of Primary Health Care providing services to culturally diverse populations. This is geared towards professionals devoted to the promotion of health and the prevention, early intervention and treatment of acute and chronic diseases.

7. 2001 Department of Health and Human Services (DHHS). *Achieving Cultural Competence: A Guidebook for Providers of Services to Older Americans and Their Families*.
http://www.aoa.dhhs.gov/minorityaccess/guidbook2001.

Abstract:
This guidebook is designed for use by providers of services to racially and ethnically diverse older populations. Racial and ethnic minorities face many barriers in receiving adequate care. These include difficulties with language, feelings of isolation, encounters with service providers lacking knowledge of the client's culture and challenges related to the socio-economic status of the client. We cannot assume that the service delivery practices designed for majority group persons will automatically apply to minority elders. This guidebook will help service providers conceptualize culturally competent practices within their organizations, set goals and move on to the development and implementation of interventions by culturally competent professionals.

8. Heartland Alliance for Human Needs and Human Rights. *"Building Linguistic and Cultural Competency: A Tool Kit for Managed Care Organizations and Provider Networks that Serve the Foreign-Born."* A Publication of the Mid-America Institute on Poverty. Contact: Heartland Alliance for Human Needs and Human Rights, 208 South LaSalle, Suite 1818, Chicago, IL 60604.

Abstract:
The purpose of the manual is to introduce the managed care industry, and its administrators and practitioners, to issues related to the implementation of health care services in LEP communities. It combines into one volume, an overview of the primary theoretical and research literature on the health beliefs, conditions, and health seeking behaviors of the foreign-born. It explores the unique needs of linguistically and culturally diverse populations while offering concrete ideas about how to meet those needs. It provides specific models and tools designed to achieve linguistic and cultural competency in the administration of systems and in the delivery of health care services.

9. La Maestra Family Health Center, Inc., San Diego, CA; FC/FGM Task Force Project. *Female Circumcision/Female Genital Mutilation: An Introductory Manual for Health Care Providers.*

   Abstract:
   The manual is primarily geared toward health care professionals whose clients include women and girls from communities, especially African communities, that traditionally practice FC/FGM. The purpose of the manual is to provide health care providers with an outline of information pertaining to the practice of FC/FGM, and to help them understand such things as the history and cultural beliefs about the practice, the different types of FC/FGM, treatment and prevention, medical complications and legal issues. It also offers additional resources available regarding FC/FGM. Contact: La Maestra Family Health Center, Inc. 619-584-1612. Contact: la_maestra@att.net

10. 1996 Lipson, Juliene G.; Dibble, Suzanne L.; Minarik, Pamela A. *Culture & Nursing Care: A Pocket Guide.* UCSF Nursing Press: 521 Parnassus Avenue, San Francisco, CA 94143. Tel. 415-476-2626.

    Abstract:
    The editors of this book assume that no one person can describe the entire tapestry of human experiences. The processes of this book were to bring together the knowledge of many people about themselves and their strands of the tapestry. The purpose of this book is to offer practicing nurses a snapshot of human diversity. This is not intended to be a cookbook but a set of general guidelines to alert nurses to the similarities as well as differences within and among the groups that compromise the tapestry. Readers are urged to use this book as a starting point for individualizing their nursing care.

11. 1999 Nash, Kimberleigh A. *Cultural Competence – A Guide for Human Service Agencies.* CWLA Press, Washington, D.C. CWLA Press is an imprint of the Child Welfare League of America. Contact: CWLA at 440 First Street, NW, Third Floor, Washington, D.C. 20001-2085 or E-mail: books@cwla.org.
    Visit their web site at: http://www.cwla.org.

    Abstract:
    The child welfare field is undergoing rapid and dramatic change as it struggles to provide quality services to children and their families. One of the most critical challenges the field faces is the need to understand and respond effectively to changes in the multicultural nature of American society–changes brought about by the mixture of racial, ethnic, social, cultural and religious traditions of the children and families who make up their diverse society. Given the range of pressures that have an impact on agencies, executives of human service agencies face the dilemma of whether to include cultural competence as an organizational goal.

12. 2001 The National Alliance for Hispanic Health. *A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics.* For information, contact: The National Alliance for Hispanic Health at 1501 Sixteenth Street, NW, Washington, DC 20036. Tel. 202-387-5000. www.hispanichealth.org

    Abstract:
    The book is a guide to providing health care to Hispanics. The primer is a distillation of information health care providers may need to assure delivery of the best possible care to Hispanic clients in a variety of clinical, prevention, and social service settings. The National Alliance for Hispanic Health also offers a newsletter, *Vacunas para la familia: Immunization for All Ages.*

13. 1992 The National Hemophilia Foundation. *Chapter Outreach Demonstration Project: Reaching Out to Culturally Diverse Hemophilia Populations.*

    Abstract:
    The manual was created to assist in outreach efforts to culturally diverse hemophilia populations. It provides concrete information on how to implement an outreach project over a four-year period. The manual includes chapters on case studies, program set-up, training and evaluation, planning and outreach interventions.

14. National Maternal and Child Health Resource Center on Cultural Competency, Texas Department of Health. *Journey Towards Cultural Competency: Lessons Learned.*

    Abstract:
    The publication discusses the National MCH's role on cultural competency, as well as guiding principles and factors to consider in developing cultural competency. It focuses on lessons learned and offers some sample guidelines and assessment tools.

15. 1995 New York Task Force on Immigrant Health, New York School of Medicine. *Cross-Cultural Care Giving in Maternal and Child Health: A Trainer's Manual.* Contact: NY Task Force at 550 First Avenue, New York, NY 10016. Tel. 212-263-8783.

    Abstract:
    The training manual will aid the trainer in developing cross-cultural awareness in maternal and child health care. It is also intended to equip the trainer with the knowledge and techniques to be able to conduct an immigrant health training for maternal and child health care providers. The Training Program consists of four modules: (1) Training introduction and working with interpreters; (2) Cross-cultural medical interview and epidemiological issues; (3) Health beliefs, attitudes, and practices in maternal and child health; and (4) Family dynamics and domestic violence.

16. 2000 Paez, Kathryn, A.; Gunter, Margaret, J. of the Lovelace Clinic Foundation for the Centers for Medicaid and Medicare Services. *Planning Culturally and Linguistically Appropriate Services: A Guide for Managed Care Organizations.* http://cms.hhs.gov/. See Internet site for abstract and materials.

17. 2002 Paez, Kathryn A.; Gunter, Margaret, J. of the Lovelace Clinic Foundation for the Centers for Medicaid and Medicare Services. *Providing Oral Linguistic Services: A Guide for Managed Care Organizations.* http://cms.hhs.gov/. See Internet site for abstract and materials.

18. 1989 Randall-David, Elizabeth. *Strategies for Working With Culturally Diverse Communities and Clients.* For information, contact: Office of Maternal and Child Health, U.S. Department of Health and Human Services at 5600 Fishers Lane, Rockville, MD 20857. Tel. 301-443-2370.

    Abstract:
    The manual is designed to help health care providers increase their understanding of the cultural aspects of health and illness, so they can work effectively with individual clients and with families from culturally diverse communities. Information contained in each chapter provides culturally sensitive and appropriate health education, counseling and care.

19. 2000 Salimbene, Suzanne. *What Language Does Your Patient Hurt In? A Practical Guide to Culturally Competent Patient Care.* Interface International: 3821 East State Street, #197, Rockford, IL 61108. Tel. 815-965-7535; Fax 815-965-4960.

    Abstract:
    This guide is designed to assist health care professionals and staff to understand the needs, expectations and behaviors of multicultural patient populations. The information contained in the guide has been limited to "need to know" essential information and organized in an easily accessible format so that caregivers can consult it "on the spot." Although intended for direct caregivers, the guide will also prove helpful to office personnel, particularly those responsible for setting appointments or having the initial contact with patients. Additional sources are listed for those who wish to learn more about a particular cultural group. The guide contains general tips on communicating with persons from other cultures and specific information to improve the caregiver's ability to interact successfully with patients from specific ethnic and/or cultural groups. Also included are guidelines for using interpreters, for communicating with limited English-speaking patients and for integrating the patients' cultural beliefs and traditional health practices with the caregiver's treatment plan in order to encourage compliance. The guide provides a useful tool for all medical personnel and institutions to understand culturally diverse populations and to provide culturally appropriate high-quality care.

20. 1986 United States Department of Agriculture; United States Department of Health and Human Services. *Cross-Cultural Counseling: A Guide for Nutrition and Health Counselors.*

Abstract:
The purpose of this guide is to increase awareness of, and provide information for, counseling clients with different beliefs, customs, and behaviors related to food and health. A "standard" approach to counseling that does not consider a client's cultural background can create barriers that block effective communication. To get your message across to the client requires culturally appropriate communication strategies. A key to counseling is understanding cultural values, health beliefs and the difference in verbal and nonverbal communication. Certain approaches to dietary change and overcoming the language barrier can open the doors to a greater awareness. The guide offers selected bibliography on cultural influences on health and nutrition, as well as a brief look at relevant sociocultural issues of four cultural minority groups.

This list is presented alphabetically and is intended to be a helpful resource. While every attempt has been made to make this list as complete as possible at the time of publication, it is not exhaustive.

1. American Medical Student Association Home Page – Diversity in Medicine. http://www.amsa.org/div/

   Abstract:
   The American Medical Student Association (AMSA) is the oldest and largest independent association of physicians-in-training in the United States. The association focuses its energies on the problems of the medically underserved, inequities in our health care system and related issues in medical education. There is a PowerPoint presentation that outlines current health disparities with a closer look at the causes and student-driven solutions. An exercise called *Diversity Shuffle* and modules, *Cross-cultural Issues in Primary Care* and *Cultural Competency in Medicine Project in a Box*, are provided to educate, provoke interest, and encourage discussion about differences and similarities within our communities. This site also has an online survey, which addresses the required cultural diversity curricula at your school.

2. 1983 Berlin, Eloise Ann; Fowkes, William C. Jr. *A Teaching Framework for Cross-cultural Health Care.* Western Journal of Medicine, Vol. 139 (6):934-938.

   Abstract:
   Significant demographic changes in patient populations have contributed to an increasing awareness of the impact of cultural diversity on the provision of health care. For this reason methods are being developed to improve the cultural sensitivity of persons responsible for giving health care to patients whose health beliefs may be at variance with biomedical models. Building on methods of elicitation suggested in the literature, [the authors] have developed a set of guidelines within a framework called the LEARN model. Health care providers, who have been exposed to this educational framework and have incorporated this model into the normal structure of the therapeutic encounter, have been able to improve communication, heighten awareness of cultural issues in medical care, and obtain better patient acceptance of treatment plans. The emphasis of this teaching model is not on the dissemination of particular cultural information, though this too is helpful. The primary focus is rather on a suggested process for improved communication, which we see as the fundamental need in cross-cultural patient-physician interactions.

3. 1999 Betancourt, Joseph R.; Carrillo, J. Emilio; Green, Alexander R. *Hypertension in Multicultural and Minority Populations: Linking Communication to Compliance.* Current Hypertension Reports, Vol. 1:482-8.

   Abstract:
   Cardiovascular disease disproportionately affects minority populations, in part because of multiple socio-cultural factors that directly affect compliance with anti-hypertensive medication regimens. Compliance is a complex health behavior determined by a variety of socioeconomic, individual, familial and cultural factors. In general, provider-patient communication has been shown to be linked to patient satisfaction, compliance and health outcomes. In multicultural and minority populations, the issue of communication may play an even larger role because of linguistic and contextual barriers that preclude effective provider-patient communication. These factors may further limit compliance. The ESFT Model for Communication and Compliance is an individual, patient-based communication tool that allows for screening for barriers to compliance and illustrates strategies for interventions that might improve outcomes for all hypertensive patients.

4. 1991 Bobo, Loretta; Womeodu, Robin J.; Knox, Alfred L. Jr. *Society of General Internal Medicine Symposium: Principles of Intercultural Medicine in an Internal Medicine Program.* American Journal of Medical Science, Vol. 302 (4):244-248.

   Abstract:
   Internal Medicine and medicine-pediatric residents completed a questionnaire that measured variables including sociodemographics, family dynamics, cross-cultural exposure and exposure to intercultural medicine principles. Questions were answered regarding perceptions of their patients and level of comfort discussing specific cultural variables. Gender, training status and geographic background did not influence responses, but the responses of European-Americans (71%) vs. ethnic minorities and foreign medical graduates (29%) were significantly different. European-Americans were more likely to be men, less likely to have an urban background, and their self-described socioeconomic status was upper-middle to upper class. European-Americans vs. all others differed in their perceptions of patients' financial support, and reasons for doctor-patient miscommunications. The European-Americans had significantly less exposure to friends and classmates, and instructors of ethnic origins different than their own prior to residency training. [Their] data supports the inclusion of intercultural medicine principles in the general medicine curriculum.

5. 2000 Brach, Cindy; Fraser, Irene. *Can Cultural Competency Reduce Racial and Ethnic Health Disparities? A Review and Conceptual Model.* Medical Care Research and Review, Vol. 57 (1):181-217.

Abstract:
This article develops a conceptual model of cultural competency's potential to reduce racial and ethnic health disparities, using the cultural competency and disparities literature to lay the foundation for the model and inform assessments of its validity. The authors identify nine major cultural competency techniques: interpreter services, recruitment and retention policies, training, coordinating with traditional healers, use of community health workers, culturally competent health promotion, including family/community members, immersion into another culture, and administrative and organizational accommodations. The conceptual model shows how these techniques could theoretically improve the ability of health systems and their clinicians to deliver appropriate services to diverse populations, thereby improving outcomes and reducing disparities. The authors conclude that while there is substantial research evidence to suggest that cultural competency should in fact work, health systems have little evidence about which cultural competency techniques are effective and less evidence on when and how to implement them properly.

6. 1991 Burkett, Gary L. *Culture, Illness, and the Biopsychosocial Model.* Family Medicine, May/June; Vol. 23 (4):287-91.

Abstract:
Family medicine has appropriated the biopsychosocial model as a conceptualization of the systemic interrelationships among the biological, the psychological, and the social in health and illness. For all its strengths, it is questionable whether this model adequately depicts the centrality of culture to the human experience of illness. Culture (as meaning system) is not an optional factor that only sometimes influences health and illness; it is prerequisite for all meaningful human experience, including that of being ill. A more adequate model of the relationship between culture and illness would demonstrate the preeminence of culture in the experience of illness among all people, not just members of "exotic" cultures; would view healers as well as patients as dwellers in culture; would incorporate the role of culture as meaning system in linking body, mind, and world; and would promote the significance of the cultural context as a resource for research and therapy.

7. 1998 Campinha-Bacote, Josepha. The Process of Cultural Competence in the Delivery of Health Care Services: A Culturally Competent Model of Care (3rd Edition). To place an order, contact: Transcultural C.A.R.E. Associates, 11108 Huntwicke Place, Cincinnati, OH 45241. Tel./Fax 513-469-1664.

Abstract:
The proposed conceptual model can provide health care providers with an effective framework for delivering culturally competent care. The model's constructs of cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire have the potential to yield culturally responsive interventions that are available, accessible, affordable, acceptable, and appropriate. The goal of engaging in the process of cultural competence is to create a "cultural habit."

8. 1996 Campinha-Bacote, Josepha. *The Challenge of Cultural Diversity for Nurse Educators.* The Journal of Continuing Education in Nursing, Mar/Apr; Vol. 27 (2):59-64.

Abstract:
Nurses are awaking to the critical need to become more knowledgeable and culturally competent to work with individuals from diverse cultures (Leininger, 1994). However, teaching cultural awareness in nursing education can present a major professional challenge for nurse educators. This article discusses cultural competence and presents a conceptual model of culturally competent health care. Based on this model, the article also discusses the implementation of a four-session cultural diversity program in a rural hospital setting.

9. 1997 Carballeira, N. *The LIVE and LEARN Model for Cultural Competent Family Services.* Continuum, Jan./Feb., pp. 7-12.

10. 1999 Carrillo, J. Emilio; Green, Alexander R.; Betancourt, Joseph R. *Cross-cultural Primary Care: A Patient-Based Approach.* Annals of Internal Medicine, Vol. 130 (10):829-834.

Abstract:
In today's multicultural society, assuring quality health care for all persons requires that physicians understand how each patient's socio-cultural background affects his or her health beliefs and behaviors. Cross-cultural curricula have been developed to address these issues but are not widely used in medical education. Many curricula take a categorical and potentially stereotypic approach to "cultural competence" that weds patients of certain cultures to a set of specific, unifying characteristics. In addition, curricula frequently overlook the importance of social factors on the cross-cultural encounter. This paper discusses a patient-based cross-cultural curriculum for residents and medical students that teaches a framework for analysis of the individual patient's social context and cultural health beliefs and

behaviors. The curriculum consists of five thematic units taught in four 2-hour sessions. The goal is to help physicians avoid cultural generalizations while improving their ability to understand, communicate with, and care for patients from diverse backgrounds.

11. 1996 Clinton, Jacqueline F. *Cultural Diversity and Health Care in America: Knowledge Fundamental to Cultural Competence in Baccalaureate Nursing Students.* Journal of Cultural Diversity, Vol. 3 (1):4-8.

    Abstract:
    In order for undergraduate nursing students to integrate cultural diversity concepts into clinical practice, they require prerequisite theoretical knowledge of the relationships between cultural phenomena and health. This article is an overview of a beginning level theory course designed to enhance students' cultural awareness and sensitivity to United States ethnic groups. These attributes are viewed as two of the antecedents of culturally competent nursing practice.

12. 1997 Culhane-Pera, Kathleen A.; Reif, Chris; Egli, Eric; Baker, Nancy J.; Kassekert, Rosanne. *A Curriculum for Multicultural Education in Family Medicine.* Educational Research and Methods, Vol. 29 (10):719-723.

    Abstract:
    Background and Objectives: To deliver effective medical care to patients from all cultural backgrounds, family physicians need to be culturally sensitive and culturally competent. Our department implemented and evaluated a three-year curriculum to increase residents' knowledge, skills and attitudes in multicultural medicine. Our three curricular goals were to increase self-awareness about cultural influences on physicians, increase awareness about cultural influences on patients and improve multicultural communication in clinical settings. Curricular objectives were arranged into five levels of cultural competence. Content was presented in didactic sessions, clinical settings and community medicine projects. Methods and Results: Residents did self-assessments at the beginning of the second year and at the end of the third year of the curriculum about their achievement and their level of cultural competence. Faculty's evaluations of residents' levels of cultural competence correlated significantly with the residents' final self-evaluations. Residents and faculty rated the overall curriculum as 4.26 on a 5-point scale (with 5 as the highest rating). Conclusions: Family practice residents' cultural knowledge, cross-cultural communication skills, and level of cultural competence increased significantly after participating in a multicultural curriculum.

13. 2000 Donini-Lenhoff, Fred G.; Hedrick, Hannah L. *Increasing Awareness and Implementation of Cultural Competence Principles in Health Professions Education*. Journal of Allied Health, Vol. 29 (4):241-245.

Abstract:
Even as the importance of improved communication between health professionals and patients grows, the factors making it more difficult continue unabated-everything from expanding medical technology and increased sub-specialization to America's ever-increasing cultural diversity. This article looks at some of the ways health care professionals, administrators, accreditors and educators across the continuum of medical and health-related professions are seeking to increase the cultural competence skills of current and future practitioners. Many of these efforts, however, are still too recent and limited to produce measurable results. Data on the implementation of educational standards and curricula need to be collected, analyzed and disseminated to begin to identify the degree to which standards and educational materials are being developed and implemented and what, if any, impact they are having on the delivery of culturally effective care.

14. 2000 Flores, Glen. *Culture and the Patient-Physician Relationship: Achieving Cultural Competency in Health Care.* Journal of Pediatrics, Vol. 136(1):14-23.

Abstract:
It is hardly news to physicians on the front lines of patient care that the cultural diversity of our patients is broadening daily. Those of us who want to provide sensitive, competent care to families from cultures other than our own are in urgent need of practical advice. In many health care settings today, this need is addressed by "diversity consultants" who put their "clients" through mind-numbing exercises. It is unusual to come out of such exercises with a practical strategy to use in the office or clinic. In this context, readers will find the article by Flores a much-needed breath of fresh air. Although the author bases his recommendations that any health care provider can immediately incorporate into his or her practice. The specific recommendations are targeted at those caring for Latinos, but the model of cultural competency he presents is widely applicable.

15. George Washington University – Module 2: Cultural Competence. http://learn.gwumc.edu/iscopes/Cultcomp.htm

This web page details a specific outline, for the George Washington University School of Medicine students. It provides learning objectives, definitions, case histories and examples of potential differences in values, references and links. It presents general information about cultures, minority populations, and recently immigrated minorities, compares and contrasts nonverbal communication, such as distance, eye contact, and body language, to verbal communication, and offers self-reflection and team exercises.

16. 1987 Gonzalez-Lee, Teresa; Simon, Harold J. *Teaching Spanish and Cross-cultural Sensitivity to Medical Students.* Western Journal of Medicine, Vol. 146 (4):502-504.

Abstract:
The authors note that the Department of Community and Family Medicine at the University of California, San Diego (UCSD) and the UCSD Medical Center recognized that communication process is a vital factor in patient care. Also, they recognized the need to overcome language and other cultural barriers to enable health care professionals to understand the concepts of health and illness in other cultures and to teach the tenets of science-based medicine to patients from diverse cultural backgrounds. As a result, health care providers and the teaching faculty designed two specialized Spanish and cross-cultural programs — one for the second-year medical students of the UCSD School of Medicine and the other for family medicine residents at UCSD-Medical Center in San Diego. The demographics and location of San Diego contributed to the rationale for the establishment of these programs. The authors describe the novel approaches and frame-works of the two different programs and their success with the programs thus far. The two programs share the objectives of developing a high-level of cross-cultural understanding and sensitivity among students by means of a language acquisition process and through carefully supervised contacts with Latino patients in clinical settings.

17. 2002 Green, Alexander R.; Betancourt, Joseph R.; Carrillo, J. Emilio. *Integrating Social Factors into Cross-Cultural Medical Education.* Academic Medicine, Vol. 77 (3):193-197.

Abstract:
The field of cross-cultural medical education has blossomed in an environment of increasing diversity and increasing awareness of the effect of race and ethnicity on health outcomes. However, there is still no standardized approach to teaching doctors in training how best to care for diverse patient populations. As standards are developed, it is crucial to realize that medical educators cannot teach about culture in a vacuum. Caring for patients of diverse cultural backgrounds is inextricably linked to caring for patients of diverse social backgrounds. In this article, the authors discuss the importance of social issues in caring for patients of all cultures and propose a practical, patient-based approach to social analysis covering four major domains: (1) social stress and support networks, (2) change in environment, (3) life control, and (4) literacy. By emphasizing and expanding the role of social history in cross-cultural medical education, faculty can better train medical students, residents and other health care providers to care for socioculturally diverse patient populations.

18. Hablamos Juntos Resource Center: Models, Approaches, and Tools. http://www.hablamosjuntos.org/resourcecenter/default.asp

    Abstract:
    The purpose of the resource center is to provide users with general resources to language access, information about the rationale for a program like Hablamos Juntos, information about what is being done in the field of language barriers, and information about what they are learning from their grantees and colleagues. The *Models, Approaches and Tools* document, prepared by the National Council on Interpreting in Health Care, reviews four types of models that are being used to improve language access: Bilingual Provider Models, the Bilingual Patient Model, Ad Hoc Interpreter Models, and Dedicated Interpreter Models. Within each of these types, the advantages and disadvantages of different models are discussed.

19. 1998 Janes, Sharyn; Hobson, Kay. *An Innovative Approach to Affirming Cultural Diversity Among Baccalaureate Nursing Students and Faculty.* Journal of Cultural Diversity, Vol. 5 (4):132-137.

    Abstract:
    "Cultural Diversity" has become the buzzword of the '90s. The United States has become the most culturally diverse nation in the world. Since there is no arena where cultural diversity is more critical than health care, it is imperative that nursing students and faculty become comfortable with the issues surrounding the delivery of culturally competent care. The University of Southern Mississippi has developed an innovative program with a dual purpose: (a) to provide an environment of mutual understanding and respect for people of different cultures; and (b) to provide a comfortable environment where minority students can be valued and nurtured.

20. 1999 Kai, Joe; Spencer, John; Wilkes, Michael; Gill, Paramjit. *Learning to Value Ethnic Diversity - What, Why and How?* Medical Education, Vol. 33 (8):616-623.

    Abstract:
    Learning to value ethnic diversity is the appreciation of how variations in culture and background may affect health care. It involves acknowledging and responding to an *individual's* culture in its broadest sense. This requires learning the skills to negotiate effective communication, a heightened awareness of one's own attitudes, and sensitivity, to issues of stereotyping, prejudice and racism. This paper aims to contribute to debate about some of the key issues that learning to value ethnic diversity creates. Although some medical training is beginning to prepare doctors to work in an ethnically diverse society, there is a long way to go. Promoting 'value ethnic diversity' in curricula raises challenges and the need to manage change, but there are increasing opportunities within the changing context of medical education. Appropriate training can inform attitudes and yield refinement of

learners' core skills that are generic and transferable to most health encounters. Care must be taken to avoid a narrow focus upon cultural differences alone. Learning should also promote examination of learners' own attitudes and their appreciation of structural influences upon health and health care, such as racism and socio-economic disadvantage. Appropriate training and support for teachers are required and learning must be explicitly linked to assessment and professional accreditation. Greater debate about theoretical approaches, and much further experience of developing, implementing and evaluating effective training in this area are needed. Medical educators may need to overcome discomfort in developing such approaches and learn from experience.

21. 1978 Kleinman, Arthur; Eisenberg, Leon; Good, Byron. *Culture, Illness, and Care - Clinical Lessons from Anthropologic and Cross-Cultural Research.* Annals of Internal Medicine, Vol. 88 (2):251-8.

    Abstract:
    Major health care problems, such as patient dissatisfaction, inequity of access to care and spiraling costs, no longer seem amenable to traditional biomedical solutions. Concepts derived from anthropologic and cross-cultural research may provide an alternative framework for identifying issues that require resolution. A limited set of such concepts is described and illustrated, including a fundamental distinction between disease and illness, and the notion of the cultural construction of clinical reality. These social science concepts can be developed into clinical strategies with direct application in practice and teaching. One such strategy is outlined as an example of a clinical social science capable of translating concepts from cultural anthropology into clinical language for practical application. The implementation of this approach in medical teaching and practice requires more support, both curricular and financial.

22. 1983 Kristal, Laura; Rennock, Patrick W.; Foote, Sandra McLaren; Trygstad, Carl W. *Cross-Cultural Family Medicine Residency Training.* The Journal of Family Practice, Vol. 17 (4):683-687.

    Abstract:
    Over the past four years the University of California, San Diego (UCSD), Family Medicine Residency Program has developed a cross-cultural training program. The goal of the program is to prepare residents to function as effective health care providers in medically underserved areas with ethnically diverse patient populations. The required training activities include: (1) a Spanish language course; (2) a clinical rotation in a community health clinic serving a Hispanic, medically under-served population; (3) a preceptorship in home-based health education and counseling for Spanish-speaking families; and (4) a set of cross-cultural sensitivity training activities that are part of the Residency Behavioral Science Program. The UCSD Cross-Cultural Family Medicine Training Program is described here as a prototype for consideration by other family medicine residency programs.

23. 1996 Like, Robert C.; Steiner, R. Prasaad; Rubel, Arthur J. *Recommended Core Curriculum Guidelines on Culturally Sensitive and Competent Health Care.* Family Medicine, Vol. 28 (4):291-297.

Abstract:
To aid in dissemination of curriculum guidelines created by STFM groups and task forces, *Family Medicine* will begin publishing such guidelines when deemed to be important to the Society's members. The information that follows are recommendations for helping residency programs train family physicians to provide culturally sensitive and competent health care. These guidelines were developed by the STFM task force and groups listed below and have been endorsed by the Society's Board of Directors and the American Academy of Family Physicians. *Family Medicine* encourages other STFM groups and task forces to submit similar documents that can serve as curricular models for residency training and medical education. Groups or task forces that submit information to the journal should follow the Instructions for Authors published each year in the January issue of *Family Medicine* and available on the Internet on STFM's home page (http://stfm.org).

24. 1999 Louden, Rhian Frances; Anderson, Pauline Monica; Gill, Paramjit Singh; Greenfield, Sheila Margaret. *Educating Medical Students for Work in Culturally Diverse Societies.* JAMA, Vol. 282 (9):875-880.

Abstract:
Recent attention has focused on whether government health service institutions, particularly in the United Kingdom, reflect cultural sensitivity and competence and whether medical students receive proper guidance in this area. [The researchers' objective with this study was to] systematically identify educational programs for medical students on cultural diversity, in particular, racial and ethnic diversity. Studies included in the analysis were articles published in English before August 1998 that described specific programs for medical students on racial and ethnic diversity. Of 1,456 studies identified by the literature search, 17 met the criteria. The following data were extracted: publication year, program setting, student year, whether a program was required or optional, the teaching staff and involvement of minority racial and ethnic communities, program length, content and teaching methods, student assessment, and nature of program evaluation. Of the 17 selected programs, 13 were conducted in North America. Eleven programs were exclusively for students in years one or two. Fewer than half the programs were part of core teaching. Only one required program reported that the students were assessed on the session in cultural diversity. [This] study suggests that there is limited information available on an increasingly important subject in medical education. Further research is needed to identify effective components of educational programs on cultural diversity and valid methods of student assessment and program evaluation.

25. 1999 National Center for Cultural Competence, Georgetown University Child Development Center. 3307 M Street, NW Suite 401, Washington, DC 20007-3935. Tel. 800-788-2066. cultural@georgetown.edu

    Abstract:
    The Policy Brief provides a rationale for cultural competence in regards to demographics, eliminating disparities, and improving the quality of services and health outcomes. It also discusses meeting legislative and accreditation mandates, gaining a competitive edge in the market place, and decreasing liability and malpractice claims. A Checklist to Facilitate the Development of Culturally and Linguistically Competent Primary Health Care Policies and Structures is provided. Cultural competence at the organizational and individual level is a developmental process. It gives steps in a continuum from cultural destructiveness to cultural proficiency.

26. 1994 Nora, Lois Margaret; Daugherty, Steven R.; Mattis-Peterson, Amy; Stevenson, Linda; Goodman, Larry J. *Improving Cross-cultural Skills of Medical Students Through Medical School-Community Partnerships.* Western Journal of Medicine, Vol. 161 (2):144-147.

    Abstract:
    Postulating that a program integrating language skills with other aspects of cultural knowledge could assist in developing medical students' ability to work in cross-cultural situations and that partnership with targeted communities was key to developing an effective program, a medical school and two organizations with strong community ties joined forces to develop a Spanish Language and Hispanic Cultural Competence Project. Medical student participants in the program improved their language skills and knowledge of cultural issues, and a partnership with community organizations provided context and resources to supplement more traditional modes of medical education.

27. 2000 Nunez, AE. *Transforming Cultural Competence into Cross-Cultural Efficacy in Women's Health Education.* Academic Medicine, Vol. 75 (11):1071-80. Correspondence can be sent to Dr. Nunez at nuneza@drexel.edu.

    Abstract:
    To prepare students to be effective practitioners in an increasingly diverse United States, medical educators must design cross-cultural curricula, including curricula in women's health. One goal of such education is cultural competence, defined as a set of skills that allow individuals to increase their understanding of cultural differences and similarities within, among, and between groups. In the context of addressing health care needs, including those of women, the author states that it is valid to define cultural groups as those whose members receive different and usually inadequate health care compared with that received by members of the majority culture. The author proposes, however, that cross-cultural

efficacy is preferable to cultural competency as a goal of cross-cultural education because it implies that the caregiver is effective in interactions that involve individuals of different cultures and that neither the caregiver's nor the patient's culture offers the preferred view. She then explains why cross-cultural education needs to expand the objectives of women's health education to go beyond the traditional ones, and emphasizes that learners should be trained in the real-world situations they will face when aiding a variety of women patients. There are several challenges involved in both cross-cultural education and women's health education (e.g., resistance to learning; fear of dealing openly with issues of discrimination; lack of teaching tools, knowledge, and time). There is also a need to assess the student's acquisition of cross-cultural efficacy at each milestone in medical education and women's health education. Components of such assessment (e.g., use of various evaluation strategies) and educational objectives and methods are outlined. The author closes with an overview of what must happen to effectively integrate cross-cultural efficacy teaching into the curriculum to produce physicians who can care effectively for all their patients, including their female patients.

28. Perspectives of Differences: *A Diversity and Cross-Cultural Medicine Teaching Module for the Internet*. http://dgim.ucsf.edu/pods/html/main.html

    "Perspectives of Differences" is a curriculum that teaches the principles of diversity and cross-cultural medicine. The need for instruction on issues of diversity and cross-cultural training across all health professional programs is nationally recognized. "Perspectives of Differences" is designed for trainees at all levels of health professional training. The program includes four Perspectives of Differences (PODs) for the individual trainee to learn the knowledge, skills and attitudes needed to become culturally competent providers.

29. 1998 Robins, Lynne S.; Fantone, Joseph C.; Hermann, Julica; Alexander, Gwen L.; Zweifler, Andrew J. *Improving Cultural Awareness and Sensitivity Training in Medical School.* Academic Medicine, Vol. 73 (10 Suppl.):S31-S34.

    Abstract:
    Authors describe a series of sessions for first-year medical students at the University of Michigan. Sessions included videotapes, small groups discussions and other diversity exercises. Introspection, self-awareness, and some knowledge about the connection between culture and patient care were the program goals. This set of activities was specifically designed to mitigate medical students' resistance previously documented by program planners following the presentation of other multicultural material. In an intriguing evaluation strategy, Likert ratings of sessions were stratified by whether participants were minority men, minority women, majority men or majority women. Consistently, across eight points of evaluation, the lowest rating was given by majority men. Focus groups data

documented that majority men "felt under attack" in this year of the program. In subsequent years, incorporating participants' suggestions for more clinically oriented examples and additions of facilitators with clinical experience, ratings increased significantly. Majority men were apparently much more engaged in the program than in the previous year. This is an important and to-date rare example of the implementation and evaluation of specific instructional techniques in multicultural medical education.

30. 1997 Scott, Carol Jack. *Enhancing Patient Outcomes Through an Understanding of Intercultural Medicine: Guidelines for the Practitioner.* Maryland Medical Journal, Vol. 46 (4):175-80. Emergency Department, University of Maryland Medical Center.

    Abstract:
    As cultural and ethnic diversity increase within American society, physicians face new challenges in recognizing patients' culturally defined expectations about medical care and the cultural/ethnic dictates that influence physician-patient interactions. Patients present to practitioners with many mores related to concepts of disease and illness, inter-generational communication, decision-making authority, and gender roles. In addition, many cultural groups follow folk medicine traditions, and an increasing number of Americans seek treatment by practitioners of alternative therapies before seeking traditional western medical attention. To facilitate patient assessments, enhance compliance with health care instructions, and thus achieve the best possible medical outcomes and levels of satisfaction, practitioners must acknowledge and respect the cultural differences patients bring to medical care environments.

31. 1996 Shapiro, Johanna; Lenahan, Patricia. *Family Medicine in a Culturally Diverse World: A Solution-oriented Approach to Common Cross-cultural Problems in Medical Encounters.* Family Medicine, Vol. 28 (4):249-255.

    Abstract:
    Using cultural sensitivity in the training of family practice residents generally results in positive consequences for patient care. However, certain potential problems associated with cross-cultural educational efforts deserve examination, including patient stereotyping, assumptive bias, and the confounding of ethnicity with class and socioeconomic status. Even awareness of these pitfalls may not guarantee physician avoidance of other barriers to effective patient care, such as communication difficulties, diagnostic inaccuracies and unintentional patient exploitation. Despite these complications, future family physicians must continue to participate in educational activities that increase sensitivity toward and understanding of patients of different ethnicities. This article discusses certain features characteristic of the ways in which cultural variables operate in the doctor-patient encounter and identifies specific ways in which residents can successfully elicit and use cultural knowledge to enhance patient care.

32. 1998 Tervalon, Melanie; Murray-Garcia, Jann. *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, Vol. 9 (2):117-125.

    Abstract:
    Researchers and program developers in medical education presently face the challenge of implementing and evaluating curricula that teach medical students and house staff how to effectively and respectfully deliver health care to the increasingly diverse populations of the United States. Inherent in this challenge is clearly defining educational and training outcomes consistent with this imperative. The traditional notion of competence in clinical training as a detached mastery of a theoretically finite body of knowledge may not be appropriate for this area of physician education. Cultural humility is proposed as a more suitable goal in multicultural medical education. Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations.

33. 1998 Welch, Melissa. *Required Curricula in Diversity and Cross-cultural Medicine: The Time is Now.* Journal of the American Medical Women's Association, Vol. 53 (Suppl.):121-123.

    Abstract:
    Culture affects the health of patients in many ways. The increasing diversity of the U.S. population and of medical students, residents, and faculty underscores the need for training in diversity and cross-cultural medicine. Curricula addressing culturally diverse populations are well-defined in nursing and psychiatry, but have only recently been introduced in medical school and residency programs. This discussion reviews the justification for introducing specific, required curricula in diversity and cross-cultural medicine for all residency programs. Principles underlying diversity curricula, effective teaching approaches, and challenges to consider when implementing such curricula are discussed. Teaching and evaluation strategies from the published literature are highlighted. Based on the literature review, examples of ways to integrate diversity and cross-cultural curricula into academic-based residency programs are described.

34. 1998 Zweifler, John; Gonzalez, Anna Marie. Teaching Residents to Care for Culturally Diverse Populations. Academic Medicine, Vol. 73 (10):1056-1061.

    Abstract:
    To care for diverse populations, authors propose that three areas outside the traditional medical curriculum must be presented to students: cultural competency, public health, and community oriented primary care.

"The goal is to have physicians go beyond addressing the needs of individual patients to partnering with community and on the community level to improve the health of many individuals." These are overlapping disciplines, according to the authors, each with its own set of challenges in teaching residents about them. For instance, authors see an effective public health intervention effort as limited by financial constraints, saying, "Imagine if primary care residents could refer to a community health worker as easily as they could order an x-ray or refer to a cardiologist!" Authors are very frank about the expectation for residents' competencies, insisting:... "an overall sensitivity to the influence of the patient's culture and the willingness to try to understand the patient's perspective, no matter how different, and no matter how little the physician knows of the patient's culture, is both realistic and necessary for good care."

Resource Section 4: Assessing the Cultural Competence of Organizations and Health Care Personnel

This list is presented alphabetically and is intended to be a helpful resource. While every attempt has been made to make this list as complete as possible at the time of publication, it is not exhaustive.

1. 2000 Abernethy, Alexis; Baars, Luisa; Luu, Quyen; Hong, Jay; Olivares, Telva; Ruiz, Leticia. *Culturally Competent Assessment and Treatment Planning Curriculum.* Monroe County, Rochester, New York.

   Abstract:
   The curriculum focuses on differential treatment, cultural and linguistic competency standards, training goals and objectives.

2. 2002 Anderson, Charles C. (Mike); Anderson, M.P.A. *Linguistically Appropriate Access and Services: An Evaluation and Review for Healthcare Organizations.* Working Paper Series, Vol. 6, The National Council on Interpreting in Health Care. http://www.ncihc.org

   Abstract:
   The goal of this paper is to offer a process by which a health care organization can evaluate its existing structure and capacity for providing linguistically and culturally appropriate care and accessibility at all levels. This evaluation will help identify actions needed to improve quality of care, clinical outcomes, service delivery, cost containment and regulatory compliance. It also sets forth standard evaluation parameters and considerations that provide a nationally uniform approach to the evaluation of language access.

3. 1999 Andrulis, Dennis; Delbanco, Thomas; Avakian, Laura; Shaw-Taylor, Yoku. *The Cultural Competence Self-Assessment Protocol.* February; A Publication of the National Public Health and Hospital Institute, Washington, D.C. Project Support: The Robert Wood Johnson Foundation. Contact: Gartrell Wright at 718-270-7727 or e-mail gartrell.wright@downstate.edu.

4. 1999 Aponte, Carmen. *Cultural Competence: Self-Assessment Survey.* Western Region of New York State, New York State Office of Mental Health.

   Abstract:
   The report summarizes the process and results of the cultural competency self-assessment survey of the Western Region. The primary goal of the survey was to identify cultural competency training needs and existing organizational strengths/weaknesses with the intent to develop a plan for training and skill development for community mental health agencies. The survey was geared toward helping mental health programs improve services to minority populations.

5. 2001 California Pan-Ethnic Health Network. *Diverse Patients, Disparate Experience: The Use of Standardized Patient Satisfaction Surveys in Assessing the Cultural Competence of Health Care Organizations.* California HealthCare Foundation, Oakland, CA. www.chcf.org

   Abstract:
   The purpose of this project was to examine whether standardized surveys of consumers' experience and satisfaction with health care could provide useful information on certain dimensions of the cultural competence of health care organizations. Specifically, the project had three aims:

   - To assess the potential usefulness of standardized consumer surveys for evaluating the cultural competence of health providers and plans. Their hypothesis was that a subset of items on these surveys would have the potential to contribute to this assessment.

   - To develop recommendations for enhancing the ability of existing surveys to capture the experiences and assessments of patients from communities of color.

   - To begin identifying alternatives to standardized surveys for assessing cultural competence.

   CAHPS, Picker Inpatient and Physician Value Check (PVC) reviewed and discussed. Findings and recommendations are reviewed. Very comprehensive discussion of the issues.

6. Centers for Disease Control and Prevention. *Checklist for Developing Culturally Competent Health Communication Programs.* Contact: Claudia Parvaanta 404-639-7281.

   Abstract:
   The checklist outlines some of the issues needed to be aware of at each of the five steps to cultural relevancy. Each step takes you closer to achieving culturally competent health communication. The steps discussed are language, imagery, medical recommendations or actions, related behavior and sequencing and predisposing, enabling and reinforcing factors.

7. 1993 The Child Welfare League of America, Inc. Cultural Competence Self-Assessment Instrument. For more information, contact the CWLA Publications Department at: 440 First Street, NW, Suite 310, Washington, D.C. 20001-2085.

   Abstract:
   The *Cultural Competence Self-Assessment Instrument* is a CWLA management tool to help organizations providing services to children, youths and their families identify, improve and enhance cultural competence in staff relations and client service functions. The instrument, which has been field-tested, provides a practical, easy-to-use approach to address the major issues of delivering culturally competent service.

8. 1991 Cross, T; The Northwest Indian Child Welfare Association, Inc. Organizational Self-Study on Cultural Competence. Portland, OR. For more information, contact: Terry Cross at The National Indian Child Welfare Association located at 3611 SW Hood Street, Portland, OR 97201 or call 503- 222-4040.

   Abstract:
   This is an organizational self-study on cultural competence: governing body, administrative, service provider, consumer versions.

9. 1998 Dana, RH. *Cultural Competence In Three Human Service Agencies.* Psychological Reports, 83:107-12. For more information, contact: Richard Dana with Regional Research Institute for Human Services at Portland State University at P.O. Box 751, Portland, OR 97207-0751 or call 503-725-4040.

   Abstract:
   Agency cultural competence checklist: revised form.

10. 1994 Family and Youth Services Bureau, U.S. Department of Health and Human Services. *Cultural Competence Self-Assessment: Staff Survey.*

11. 1991 Isaacs, MR; Benjamin, MP. *Screening Survey for Culturally Competent Agency/Program.* Towards A Culturally Competent System of Care Volume II: Programs Which Utilize Culturally Competent Principles. Washington, DC: CASSP Technical Assistance Center. For more information, contact the National Center for Cultural Competence, Georgetown University Medical Center, Child Development Center at: 3307 M Street, NW Suite 401, Washington, DC 20007 or call 202-687-5387.

12. 1995 La Frontera, Inc.; US Office of Minority Health. *Building Bridges: Tools for Developing an Organization's Cultural Competence.* For information, contact: La Frontera, Inc. at 502 West 29th Street, Tucson, AZ 85713. Tel. 520-884-9920.

    Abstract:
    The manual was developed to provide a comprehensive array of behavioral health services to underserved populations in Pima County, Arizona. The assessment instrument reviews the organizational environment, public relations, human resources and clinical issues. It provides an action planning process, a sample plan, a score sheet and references.

13. 2002. The Lewin Group, Inc. *Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile.* Washington, D.C. Prepared for The Health Resources and Services Administration, U.S. Department of Health and Human Services. To view this report, visit the HRSA web site, under Minority Health at www.hrsa.gov/omh.

Abstract:
"How do we know cultural competence when we see it?" is the central question that prompted the Health Resources and Services Administration to sponsor this project. The specific objectives were to: 1) develop an analytic framework for assessing cultural competence in heath care delivery organizations; 2) identify specific indicators that can be used in connection with this framework; and 3) assess the utility, feasibility and practical applications of the framework and its indicators. The detailed Assessment Profile in a format that summarizes structure, process and output components of cultural competence in health care will be very useful to organizations seeking to assess their health care delivery system in the many aspects of cultural competence.

14. 1995 Mason, James; Williams-Murphy, Tracy. *Cultural Competence Self-Assessment Questionnaire: A Manual for Users.* Research and Training Center on Family Support and Children's Mental Health; Regional Research Institute for Human Services; Graduate School of Social Work, Portland State University, P.O. Box 751, Portland, OR 97207-0751. Tel. 503-725-4040.

Abstract:
The assessment is based on the Child and Adolescent Service System Program (CASSP) Cultural Competence Model (Cross, Bazron, Dennis & Isaacs, 1989). This model describes competency in terms of attitude, practice, policy and structure. The instrument helps child- and family-serving agencies assess their cross-cultural strengths and weaknesses in order to design specific training activities or interventions that promote greater competence across cultures. There are two versions of the questionnaire. One version is for use with direct service providers and the other is for administrative staff. These different versions are useful when designing specific training interventions for either administrative or service-level personnel. A Cultural Competence Checklist and a Bibliography of Cultural Competency Resources accompany the Assessment Questionnaire. Portland State University publishes a newsletter, *Focal Point: The Bulletin of the Research and Training Center to Improve Services for Seriously Emotionally Handicapped Children and Their Families.* Furthermore, the University has a Publications List, which is a compendium of publications from 1986 to present.

15. 1995 Miller, Peck, Shuman & Yrun-Calenti. Building Bridges: Tools for Developing an Organization's Cultural Competence. La Frontera, Inc.

Abstract:
Cultural Competence Assessment Instrument: Organizational Environment, Public Relations/Working with the Community, Human Resources, and Clinical Issues.

16. 1998 Missouri Department of Mental Health and the Missouri Institute of Mental Health. *Cultural Competence Self-Assessment Tool.* For further information, contact James Topolski, Ph.D., at: University of Missouri – Columbia, School of Medicine, 5400 Arsenal Street, St. Louis, MO 63139; call 314-644-8657 or e-mail: mimhjt@showme.missouri.edu.

17. 1995 Myers. Culturally Competent Service Outcomes Assessment Tools: Guidelines for Upgrading Quality Assurance. Ohio Department of Mental Health, Consumer Services Department.

18. National Maternal and Child Health Resource Center on Cultural Competency, Texas Department of Health. *Journey Towards Cultural Competency: Lessons Learned*. Contact: Don Lawson 512-458-7111.

Abstract:
The publication discusses the National MCH's role on cultural competency, as well as guiding principles and factors to consider in developing cultural competency. It focuses on lessons learned and offers some sample guidelines and assessment tools.

19. 1998 The New York State Office of Mental Health; The Research Foundation of New York State; The Center for the Study of Issues in Public Mental Health; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. *Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs*.

Abstract:
The report presents a set of measures developed to assess the cultural competency of a mental health service delivery organization. Performance measures are identified within domains of the service delivery process in which principles and procedures reflecting cultural competency need to be in place. A worksheet and notes accompany the report.

20. 1996 Roizner, Monica. *A Practical Guide for the Assessment of Cultural Competence in Children's Mental Health Organizations.* The Technical Assistance Center for the Evaluation of Children's Mental Health Systems at Judge Baker Children's Center. 295 Longwood Ave., Boston, MA 02115. 617-232-8390.

Abstract:
This manual discusses the rationale for cultural competence assessments, specific issues to consider when planning an assessment and a step-by-step protocol for designing assessments, collecting and interpreting the data and using the results. It contains an excellent, detailed review of assessment instruments from a variety of sources, some case examples of assessments performed by various agencies and a bibliography of pertinent readings.

21. 1997 Saldana, D., et al. *Cultural Competency Scorecard for Mental Health Facilities (Pilot Instrument).* Development of a Cultural Competency Scorecard for Mental Health Facilities: Paper presented at the Seventh Annual National Conference on State Mental Health Agency Services Research and Program Evaluation. For further information, contact: Dr. Delia Saldana with theDepartment of Psychiatry at the University of Texas Health Science Center at 7703 Floyd Curl Drive, San Antonio, TX 78284 or call 210-531-7918. E-mail: saldana@uthscsa.dcci.com

22. 1998 Tirado, Miguel. *Tools for Monitoring Cultural Competence in Health Care; The Health Plan Audit; Health Plan Administrator Survey.* Monitoring the Managed Care of Culturally and Linguistically Diverse Populations. Health Resources and Services Administration, Center for Managed Care. Contact:National Clearinghouse for Primary Care Information at primarycare@circsol.com or call 800-400-2742.

Abstract:
This project developed an asset-oriented continuum of increasing levels of personal and institutional cultural and linguistic competency: 1) Culturally Resistant, 2) Culturally Unaware, 3) Culturally Conscious, 4) Culturally Insightful, and 5) Culturally Versatile. Four assessment instruments were created to assist the individual health care practitioner and the plan administrator. One distinctive aspect of these tools is the combining of the health practitioner survey and the member survey to assess the climate of communication between the two.

23. 1996 Weiss, Carol; Minsky, Shula. *Program Self-Assessment Survey for Cultural Competence: A Manual.* New Jersey Division of Mental Health and Hospitals. Trenton, NJ. For more information, contact: Carol Weiss with the Department of Human Services, Division of Mental Health Services, 50 East State Street, P.O. Box 727, Trenton, NJ 08625-0727 or call 609-777-0821. E-mail: cweiss@dhs.state.nj.us.

Abstract:
The manual presents a new approach to assessing the cultural competence of mental health programs or organizations. The manual first introduces a conceptual framework for cultural competence, then offers rationales for addressing competence at the program level, and describes the self-assessment survey's purpose and piloting. It provides information on administering the survey questionnaire, presents specific instructions on questionnaire scoring and offers recommendations for how the survey results might be used to assist programs in enhancing their levels of cultural competence.

24. 1998 Western Interstate Commission on Higher Education (WICHE). Cultural Competence Report Card Items, Jan. Boulder, CO. For further information, contact WICHE Mental Health Program at P.O. Box 9752, Boulder, CO 80301 or call 303-541-0258. Web site: www.wiche.edu.

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