

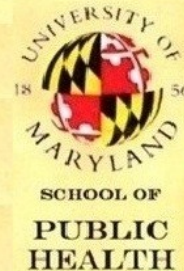
PRIMER

Cultural Competency and Health Literacy

A Guide for Teaching Health Professionals and Students



Minority Health and
Health Disparities
Maryland Department of Health
and Mental Hygiene



Martin O'Malley, Governor

Anthony G. Brown, Lt. Governor

Joshua M. Sharfstein, Secretary

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Authors

Monica McCann, MA, MPH

Workforce Diversity Director
Office of Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene

Olivia Carter-Pokras, PhD

Associate Professor
Department of Epidemiology
University of Maryland College Park School
of Public Health

Bonnie Braun, PhD

Professor
Department of Family Science
Faculty Scholar, Horowitz Center for Health Literacy
University of Maryland College Park School
of Public Health

Carlessia A. Hussein, DrPH, RN

Director
Office of Minority Health and Health Disparities,
Maryland Department of Health and Mental Hygiene

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Contributors

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Table of Contents

[Introduction](#).....6

[How to Use This Guide](#).....10

[Resource Map: Promoting Health through the Patient/Client's Worldview](#).....13

(Overview of modules and core learning objectives in cultural competency and health literacy)

[U.S. Department of Health and Human Services, Web-based Training Resources](#).....17

Additional Teaching/Learning Resources by Topic:

[Module 1: Health Disparities](#).....21

Key Concepts:

- Definitions of Race, Ethnicity, Culture, Health Literacy, and Health Disparities
- Epidemiology of health disparities
- Social determinants of health

[Module 2: Community Strategies](#).....40

Key Concepts:

- Population health variability
- Challenges in cross-cultural communication
- Community beliefs and health practices
- Community-based interventions and collaboration

[Module 3: Bias and Stereotyping](#).....62

Key Concepts:

- Intersection of race, culture, and health
- Bias and stereotyping
- Historical impact of racism

[Module 4: Effective Communication Skills](#).....74

Key Concepts:

- Interaction of culture and health literacy in patient and provider communication
- Spiritual and healing traditions and beliefs
- Cultural, social and medical history-taking
- Universal precautions approach

[Module 5: Use of Interpreters](#).....145

Key Concept:

- Effective collaboration with an interpreter

[Module 6: Self-Reflection and Culture of Health Professions](#).....152

Key Concepts:

- Provider-patient power imbalance
- Reflective practices in patient care
- Institutional culture of health care organizations

Table of Contents

<u>General Web-based Training Resources</u>	168
---	-----

<u>Methodology</u>	192
--	-----

<u>Appendix</u>	196
---------------------------------------	-----

<u>I. Statutes, Standards, and Policy Guidance</u>	197
--	-----

<u>II. Examples of Cultural Competency Education Frameworks Developed by Health Profession Accrediting Agencies and Professional Associations</u>	216
---	-----

<u>III. Examples of International Standards on Cultural Competency</u>	218
--	-----

<u>IV. Selected Reference Resources</u>	226
---	-----

<u>V. Health Disparities Research Academic Centers in Maryland</u>	230
--	-----

<u>Authors' Bio-Briefs and Contact Information</u>	233
--	-----

<u>Contact Us and Stay Connected</u>	237
--	-----

Introduction

Who Should Use This Teaching Tool?

- Higher education administrators of health professional degree programs;
- Teachers or curriculum specialists for health professional degree programs;
- Continuing education trainers of health professionals; and
- Policymakers interested in how Maryland legislation tied to cultural competency and health literacy is being implemented.

What Is the Primer?

A primer is a basic teaching resource guide.

The *Cultural Competency and Health Literacy Primer* is intended to help health professional educators, students, and practicing health professionals to learn how to reduce health disparities and improve health outcomes through culturally-sensitive and effective communication with clients across the health disciplines.

The *Primer* is intended to serve as a resource guide for Maryland's health professional educators, students, and practicing health professionals. The aim is to provide users with a conceptual framework, along with sufficient content and resources, to enable them to integrate cultural and health literacy competency into everyday healthcare practice.

The *Primer* can be used to supplement discipline-specific cultural competency curricula that may currently exist.

Why Is the Primer Needed Now?

Maryland law enacted in 2012 now requires institutions of higher education with health profession degree programs to report on how their programs are incorporating cultural competency and health literacy into the curriculum.

The Cultural Competency and Health Literacy – Education Act calls for development of courses with cultural competency, cultural sensitivity, and health literacy content designed to address the problem of racial and ethnic disparities. The Education Act also strongly recommends the same for Maryland's health professional associations.

Given an increasingly diverse population and the current momentum toward improving the cultural and health literacy competency of healthcare providers, and to reduce health disparities in Maryland and around the nation, the timing is right for a Primer.

Increased efforts to improve the individual-level, cultural and health literacy competency of health professionals, and the systems in which they practice, will play a major role in improving healthcare consumer satisfaction, improving health outcomes, reducing the costs of care, and reducing health care disparities among Maryland's residents.

Toward this end, we have designed the *Primer* to serve as a supplementary teaching resource for health professions schools and students, as well as a continuing education training resource for Maryland's health occupations boards, health professional associations, and health care facility staff.

[Back to Table of Contents](#)

A recent review of cultural competency education in Maryland health professional schools found significant variation in the content and manner in which cultural competence education for health professionals is offered.

Moreover, an estimated one-third of graduating medical students have not had experience related to cultural awareness and cultural competence during medical school.¹

Recent studies of other health professionals in training have found that their competencies are also limited.

Specific under-addressed areas in health professional education include: Community Strategies, Health Disparities, and Bias and Stereotyping — the focus of three modules included in the *Primer*.

Why a Joint Cultural Competency and Health Literacy Primer?

A review of existing educational materials revealed that:

- A teaching guide that incorporates both cultural and health literacy competency does not exist; and
- A teaching guide for multiple health professions does not exist.

In their article, *What Do Health Literacy and Cultural Competency Have in Common?*,² the authors present the case that both fields share the common goal of improved health outcomes through achieving health equity by reducing health disparities.

Each field is based on a body of knowledge, and both have an emerging set of competencies for health professionals. Yet, the two bodies of knowledge and practice exist separately.

The separate nature of the two fields presents a challenge for educators of students and practicing professionals across all health profession disciplines as they compete for time and attention in already tight curricula.

The University of Maryland School of Public Health launched a graduate course in health literacy in the fall of 2010. The concept of, and need for, an integrated approach to cultural competency and health literacy emerged at the University of Maryland School of Public Health and Center for Health Literacy.

In fall 2010, the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities, initiated a partnership with the University of Maryland School of Public Health to co-create the *Cultural Competency and Health Literacy Primer*.

¹ Association of American Medical Colleges. *Medical School Graduation Questionnaire: 2011 All Schools Summary Report*. October 2011. Available at: <https://www.aamc.org/download/263712/data/gq-2011.pdf>

² Lie D, Carter-Pokras O, Braun B, Coleman C (2012): *What Do Health Literacy and Cultural Competence Have in Common? Calling for a Collaborative Health Professional Pedagogy*. *Journal of Health Communication: International Perspectives*, 17:sup3, 13-22.

The Primer was developed with input from experts in the fields of cultural competency and health literacy, along with practitioners and current educators in multiple health profession disciplines.

We hope that you will find the Primer to be a useful resource for your teaching and curriculum development needs.

How Does the Primer Relate to Current National and State Health Initiatives?

The premise for this guide is substantiated by several on-going developments, including:

- 1) *Healthy People 2020*, which provides a comprehensive outline of national health promotion and disease prevention goals and objectives with 10-year targets. Designed to improve the health of all people in the United States, *Healthy People 2020* includes an emphasis on health equity and the elimination of health disparities.

In particular, there are objectives that focus on improving health literacy and increasing the proportion of persons who are satisfied with their health providers' communication skills.
- 2) The *2010 Patient Protection and Affordable Care Act*, which supports research, demonstration projects, and model curricula for cultural competency, and inclusion of cultural competency and health literacy training in primary care, dentistry and dental hygiene training programs.
- 3) *Maryland's Health Care Reform Coordinating Council*, which recommends the promotion of cultural competency and health literacy training as a strategy to improve health professional licensure and to address healthcare disparities in the State's health reform implementation activities.

- 4) Maryland's 2009 statute, *Cultural and Linguistic Health Care Provider Competency Program* (revised in 2012), which aims to encourage development of training programs focused on teaching healthcare providers methods to improve their cultural and linguistic competency and communication with patients, incorporate cultural beliefs and practices in the diagnosis and treatment of patients, and improve patients' health literacy and their ability to make appropriate health care decisions.

- 5) Maryland's *Cultural Competency and Health Literacy-Education* statute (enacted in 2012), which amended and reenacted a 2008 statute that requires institutions of higher education with health profession degrees to report on courses they are offering to address both cultural and linguistic competency and health literacy.

The act calls for development of courses with cultural competency, sensitivity and health literacy designed to address the problem of racial and ethnic disparities.

[Back to Table of Contents](#)

- 6)** *The Maryland Health Improvement and Disparities Reduction Act of 2012*, which seeks to reduce health disparities, increase access to care and better health outcomes among underserved communities, and reduce health care costs.

The statute comprises several cultural competency provisions, including the establishment of a workgroup to recommend appropriate cultural competency assessment and reporting standards for Maryland providers and health care settings, and recommending criteria for health care providers in Maryland to obtain continuing education in multicultural health care as a licensure requirement.

(Please see Appendix I for further details.)

- 7)** *The Joint Commission's* revised standards to advance effective communication, cultural competence, and patient-centered care for the hospital accreditation program.

These revised standards are currently in effect.

- 8)** *The CLAS Standards Enhancement Initiative* undertaken by the U.S. Department of Health and Human Services (HHS), Office of Minority Health, to ensure that the national guidelines for culturally and linguistically appropriate services (CLAS) in health care remain "current and appropriate."

- 9)** *The HHS National Action Plan to Improve Health Literacy*, which sets forth several goals and multi-sector strategies for improving health literacy nationally.

The plan is based on the following two premises:

"(1) everyone has the right to health information that helps them make informed decisions and (2) health services should be delivered in ways that are understandable and beneficial to health, longevity, and quality of life."

- 10)** *The HHS/National Partnership for Action's National Stakeholder Strategy for Achieving Health Equity*, which presents a common set of goals and objectives for public and private sector initiatives and partnerships.

The purpose of the partnerships is to help underserved groups reach their full health potential through community-driven approaches to disparities reduction and health equity.

Included among the five goals of the national strategy is a focus on "improve[ing] the cultural and linguistic competency and the diversity of the health-related workforce."

- 11)** Other recent national initiatives and policy frameworks, such as the systems-based *Multicultural Health Care Standards and Distinction Program* (National Committee for Quality Assurance) and "*Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency*" (National Quality Forum).

How to Use This Guide

The *Cultural Competency and Health Literacy Primer* is intended to serve as a resource guide for health professional educators responsible for teaching of the future workforce or for continuing education of the current workforce.

We designed the guide to provide users with tools and resources to help current and future health practitioners to move beyond merely seeking broad-based knowledge about diverse ethnic cultures and health literacy.

How Is the Primer Organized?

The Primer's six modules for instruction can be customized to fit different teaching and learning environments. Many concepts overlap and are addressed in multiple modules.

Within each module, learning objectives are displayed by type of competency (K = knowledge; S = skill; A = attitude) and by stage of learning (developmental sequence).³

In addition, for each competency, descriptions of supplementary teaching resources are listed by the following categories:

- Web-based curriculum and training modules
- Case studies (print and video format)
- Videos and webcasts
- Self-guided learning resources
- Clinical and field application resources

The *Primer* uses a framework called *Resource Map: Promoting Health through the Patient/Client's Worldview*.

The framework of modules and learning objectives represent a core set of knowledge, skills, and attitude competencies derived from an analysis of both the "Tool for Assessing Cultural Competence Training" (TACCT) developed by the Association of American Medical Colleges and further refined by Lie and others,⁴ and the health literacy competencies identified by Coleman and others.⁵

[Please refer to the methodology section for additional details about how the core competencies were derived.]

Due to copyright protections, and general professional courtesy, users of the *Primer* should be mindful of the need to request permission from the authors of the individual resources contained in the modules, prior to using the material with learners.

In addition, all adapted materials should be properly attributed to the authors of the original resource.

³ Each learning objective is associated with a particular developmental sequence or learning stage: *Novice* = Pre-clinical training; *Intermediate* = Supervised clinical interaction; *Advanced* = Clinical interaction with limited supervision

⁴ Lie DA, Boker J, Crandall S, DeGannes CN, Elliott D, Henderson P, Kodjio C, Seng L. Revising the Tool for Assessing Cultural Competence Training (TACCT) for curriculum evaluation: Findings derived from seven US schools and expert consensus. *Med Educ Online* [serial online] 2008;13:11. Available at: www.med-ed-online.org

⁵ Coleman, Hudson, Maine, Culbert. *Health Literacy Competencies for Health Professionals: Preliminary results of a Modified Delphi Consensus Study (In Preparation)*.

How to Use This Guide

Resources that are included in the Primer's six modules are currently undergoing a standardized review process.

The review process is being administered by the *Primer's* authors who are from the University of Maryland, School of Public Health. Upon completion of this review process, the inclusion and placement of individual resources within the modules may be revised in future iterations of the Primer.

Additional revisions will occur as new resources are identified for specific learning objectives that currently lack appropriate and accessible teaching resources. All revisions and updates will be reflected on the *Primer* website, <http://dhmh.maryland.gov/mhhd/CCHLP>.

What Cultural Competency and Health Literacy Competencies Should Health Professionals Master?

Cultural competency embodies more than just a narrow view of culture (i.e., ethnicity, language, traditions, beliefs) but also includes social, economic, and other determinants of health and equity—all of which are factors that interact with each other as well as with the biology and physical environment of the individual to impact his or her health status.

Health literacy is yet another factor that impacts health. In turn, these factors can themselves also be impacted by the health status of the individual and his or her level of access to and experiences with the healthcare delivery system.

Although demonstration of knowledge, skills and attitudes related to cultural and health literacy competencies are essential for effective cross-cultural understanding, communication, and delivery of patient-centered care, they are not discrete technical skills that can be acquired through a specified number of training sessions.

Rather, these are competencies that are developed over the life course of a health practitioner who desires to provide the highest possible quality of care to patients and clients.

By being mindful of this, health practitioners can seek out appropriate resources that can assist in learning to:

- Become more cognizant of their own cultural orientation (both personal and professional) and its effect on interactions with patients/clients;
- Communicate more effectively with patients and clients;
- Conduct comprehensive medical histories that also include health literacy, social, economic, and cultural identity factors that are of significance to the patient/client's perception of his or her health status and ability to adhere to prescribed prevention and treatment regimens;
- Negotiate development of care management and treatment plans that take into consideration the different individual, family and community-level variables that affect, and are affected by, the individual patient/client's life and health experiences; and
- Implement clinical strategies that effectively reduce disparities in healthcare among population groups.

[Back to Table of Contents](#)

Although knowledge of larger ethnic group “cultural clues” (“do’s and don’ts”) is used in some instances as a starting point for initiating communication with patients/clients of diverse backgrounds, care must be taken to avoid relying on these broad cultural statements when attempting to understand the particular context of a patient/client’s health concerns.

Otherwise, the result may be stereotyping of the patient/client by the practitioner, which can lead to bias and further disparities in care.

Because health literacy of patients/clients and of providers is a relatively recent concept, both educators and their students need appropriate competencies in this area.

At the heart of the cultural and health literacy competency development process is the need for practitioners to acquire and hone interpersonal skills that will enable him or her to empathize and engage with patients and clients in a way that promotes health and healing in a context that is comfortable for the individual patient/client.

Engagement with patients and clients must be based around the particular cultural and health literacy variables that impact a patient/client’s healthcare experiences and interaction with the healthcare system.

Practitioners should be able to ask and answer such questions as:

- What is the individual patient/client’s perception of health?
- How are his or her particular health concerns managed within the context of family and community?

Acknowledgement of such “local world” and individual experiences requires both an awareness of variance and diversity within broader population group cultures and the interpersonal skills to become privy to the patient/client’s local-world experiences.

RESOURCE MAP:

Promoting Health Through the Patient/Client's Worldview

*(Overview Framework of Modules and Core Learning Objectives
in Cultural Competency and Health Literacy)*

Module 1: Health Disparities

Core Learning Objectives ¹	Developmental Sequence ²	Page
K1. Define Race, Ethnicity, Culture, Health Literacy, and Health Disparities	Novice	22
K2. Identify national and local patterns of data on health disparities and health literacy	Novice-Intermediate	25
K3. Acknowledge barriers to eliminating health disparities (e.g., poverty, lack of health insurance, limited health literacy, limited education, and other social determinants of health)	Novice-Intermediate	29
S1. Elucidate the epidemiology of disparities	Novice	34
S2. Critically appraise literature on disparities	Novice	35
S3. Gather and use local data to support Healthy People 2020	Novice-Intermediate	36
A1. Recognize disparities amenable to intervention	Novice	36
A2. Value eliminating disparities	Novice	36
A3. Express the attitude that it is the health care professional's duty to elicit and ensure patients' best possible understanding of their health care	Novice-Intermediate	36

¹ **Types of Learning Objectives/Competencies:** K: Knowledge; S: Skill; A: Attitude

² **Developmental Sequence:** Novice: Pre-clinical training; Intermediate: Supervised clinical interaction; Advanced: Clinical interaction with limited supervision

[Back to Table of Contents](#)

RESOURCE MAP:

Promoting Health Through the Patient/Client's Worldview

Module 2: Community Strategies

Core Learning Objectives ¹	Developmental Sequence ²	Page
K1. Understand population health variability factors	Novice	41
K2. Describe challenges in cross-cultural communication	Intermediate	44
K3. Describe community-based elements and resources for helping patients improve health status and general literacy skills	Intermediate	49
K4. Identify community beliefs and health practices	Intermediate	49
S1. Discuss and describe methods to collaborate with communities to address needs	Intermediate	50
S2. Describe methods to identify community leaders	Intermediate	51
S3. Propose a community-based health intervention	Intermediate	52
A1. Describe how to address social determinants of health	Novice-Intermediate	58

Module 3: Bias and Stereotyping

Core Learning Objectives ¹	Developmental Sequence ²	Page
K1. Identify how race and culture relate to health	Novice-Intermediate	63
K2. Identify potential provider bias and stereotyping, including assumptions related to health literacy	Novice-Intermediate	65
S1. Show strategies to reduce bias in others	Novice-Intermediate	68
S2. Demonstrate strategies to address/reduce bias, including implementing principles of patient communication	Intermediate	69
S3. Describe strategies to reduce health professional bias	Intermediate	71
A1. Value historical impact of racism	Novice-Intermediate	72

[Back to Table of Contents](#)

RESOURCE MAP:

Promoting Health Through the Patient/Client's Worldview

Module 4: Effective Communication Skills

Core Learning Objectives ¹	Developmental Sequence ²	Page
K1. Describe cross-cultural communication, cultural competency and health literacy models and the potential interactions between culture and health literacy in patient/client-provider communication	Novice	76
K2. Recognize patients' spiritual and healing traditions and beliefs	Novice-Intermediate	81
S1. Elicit a cultural, social and medical history in the encounter interview in a non-shaming and non-judgmental manner	Novice-Intermediate	100
S2. Assess and enhance adherence, using general and cross-cultural patient/client communication models, health literacy tools, and other health professional assessment tools as appropriate in a non-shaming and non-judgmental manner	Intermediate	101
S3. Elicit patient's/client's full set of concerns and other appropriate information in a patient/client- or family-centered, nonjudgmental context at the outset of the encounter	Intermediate	117
S4. Use negotiating and problem-solving skills in conjunction with general and cross-cultural patient/client communication skills to negotiate a mutual agenda with patient at outset of encounter	Intermediate	125
S5. Practice a "universal precautions" approach with all patients/clients	Advanced	130
A1. Respect patients'/clients' cultural beliefs	Novice-Intermediate	132
A2. Listen nonjudgmentally to health beliefs	Novice-Intermediate	132
A3. Express the attitude that effective communication is essential to the delivery of safe, high quality health care	Advanced	133
A4. Express a non-judgmental, non-shaming and respectful attitude toward individuals with limited literacy (or health literacy) skills	Advanced	134

[Back to Table of Contents](#)

RESOURCE MAP:

Promoting Health Through the Patient/Client's Worldview

Module 5: Use of Interpreters

Core Learning Objectives ¹	Developmental Sequence ²	Page
K1. Describe functions of an interpreter	Novice-Intermediate	146
K2. List effective ways of working with an interpreter	Novice-Intermediate	147
S1. Demonstrate ability to orally communicate accurately and effectively in patients' preferred language, including identifying and collaborating with an interpreter when appropriate	Intermediate	150

Module 6: Self-Reflection and Culture of Health Professions

Core Learning Objectives ¹	Developmental Sequence ²	Page
K1. Describe the provider-patient power imbalance	Novice	153
S1. Engage in reflection about own beliefs	Novice	154
S2. Recognize institutional cultural issues, including issues related to general patient communication	Intermediate	158
S3. Use reflective practices in patient care	Intermediate	164
A1. Value the need to address personal bias	Novice-Intermediate	164
A2. Express attitude that it is a responsibility of all members of the healthcare team to be trained and proactive in addressing the communication needs of patients	Advanced	165

[Back to Table of Contents](#)

U.S. Department of Health and Human Services

Web-based Training Resources

Training Modules and Video Case Studies:

U.S. Department of Health and Human Services, Health Resources and Services Administration. **Effective Communication Tools for Healthcare Professionals** (formerly titled Unified Health Communication).

Available at: <http://www.hrsa.gov/publichealth/healthliteracy/>

HRSA has developed a unique approach to effective health communication that integrates communication between providers and patients. This free course is now six hours in length and includes updated materials for all five course modules. Based on feedback from the provider community, updates include more ethno-cultural specific information (on ethnic, LGBT and disability populations) as well as the most current health literacy, cultural and linguistic competency references. The course is accredited by a number of organizations, including American Academy of Family Physicians (6 CME), as well as American Board of Family Medicine's Maintenance of Certification for Family Physicians (MC-FP) Part IV credit.

U.S. Department of Health and Human Services, NIH/National Center for Complementary and Alternative Medicine. **Complementary and Alternative Medicine Online Continuing Education Series.**

Available at: <http://nccam.nih.gov/training/videolectures/>

Available courses in the series include:

- CAM research
- Herbs and other dietary supplements
- Mind-body medicine
- Evidence-based assessment of acupuncture
- Manipulative and body-based therapies
- CAM and aging
- Integrative medicine
- Health and spirituality
- Studying the effects of natural products
- Neurobiological correlates of acupuncture

Free continuing education credits are available for physicians and nurses. The courses include a video lecture and transcript, question and answer transcript, online test, and resource links.

[Back to Table of Contents](#)

U.S. Department of Health and Human Services

Web-based Training Resources

Training Modules and Video Case Studies:

U.S. Department of Health and Human Services, Office of Minority Health.
A Family Physician's Practical Guide to Culturally Competent Care: Curriculum Modules.

Available at: <http://www.medicalleadership.org/downloads/Family-Physicians-Guide.pdf>

Curriculum is designed for both self-study and group learning. The resource includes a pre-test and is organized into the following modules, which each have an accompanying post-test:

- Overview of culturally competent care
- Cultural competency development
- Patient-centered care and effective communication
- Importance of language access services
- Models to provide language access services
- Working effectively with an interpreter
- Importance of the care environment/setting
- Assessing the community
- Building community partnerships

U.S. Department of Health and Human Services, Office of Minority Health.
A Physician's Practical Guide to Culturally Competent Care.

Available at: <https://www.thinkculturalhealth.hhs.gov/Content/ContinuingEd.asp>

The self-directed training courses are geared toward a variety of health care professionals and cover the following themes: 1) Culturally Competent Care; 2) Language Access Services; and 3) Organizational Supports.

The course contains a variety of self-assessments, case studies, video vignettes, learning points, pre- and post-tests, and the opportunity to submit feedback and to find out what other participants think about the cases and content. Continuing education credits are available.

(Abstract adapted from HHS Office of Minority Health)

[Back to Table of Contents](#)

U.S. Department of Health and Human Services

Web-based Training Resources

Training Modules and Video Case Studies:

U.S. Department of Health and Human Services, Office of Minority Health.

Cultural Competency Curriculum for Disaster Preparedness and Crisis Response.

Available at: <https://www.thinkculturalhealth.hhs.gov/Content/ContinuingEd.asp>

A set of courses that is designed to integrate knowledge, attitudes, and skills related to cultural competency in order to help lessen racial and ethnic health care disparities brought on by disaster situations. The courses target emergency medical personnel, disaster mental health and social workers, public health service officers, and disaster relief organization employees who have the unique opportunity to help improve access to care, quality of care, and health outcomes for racial and ethnic minority individuals in a disaster situation.

Throughout the curriculum, a broad range of skills are introduced and shown in real-life scenarios, such as: working with an interpreter, locating translated materials, negotiating cultural differences, and implementing the CLAS Standards into organizational policy. Continuing education credits are available.

(Abstract adapted from HHS Office of Minority Health)

U.S. Department of Health and Human Services, Office of Minority Health.

Culturally Competent Nursing Care: A Cornerstone of Caring.

Available at: <https://www.thinkculturalhealth.hhs.gov/Content/ContinuingEd.asp>

The self-directed training modules are designed to improve nurses' knowledge of cultural competency issues, and to enhance their capacity to provide culturally-competent care. Each module includes case studies and video clips of cultural situations experienced by nurses in the field; data and research related to diverse populations and cultural competency issues; self-reflection questions; and examples of creative ways to implement National CLAS Standards at the frontline of patient care.

U.S. Department of Health and Human Services, Office of Minority Health.

Specialty Education and CLAS Modules.

Available at: <https://www.thinkculturalhealth.hhs.gov/Content/ContinuingEd.asp>

A series of brief, video-based case studies focused on cultural competency for a variety of medical specialty topics, including pediatrics, obstetrics/gynecology, and surgery. Must register on website in order to access the videos.

[Back to Table of Contents](#)

TEACHING and LEARNING RESOURCES BY MODULE

This section of the *Primer* contains teaching and learning resources for each of these six modules:

- 1) Health Disparities**
- 2) Community Strategies**
- 3) Bias and Stereotyping**
- 4) Effective Communication Skills**
- 5) Use of Interpreters**
- 6) Self-Reflection and Culture of the Health Professions**

[Back to Table of Contents](#)

MODULE 1: Health Disparities

Core Learning Objectives ¹	Developmental Sequence ²	Page
K1. Define Race, Ethnicity, Culture, Health Literacy, and Health Disparities	Novice	22
K2. Identify national and local patterns of data on health disparities and health literacy	Novice-Intermediate	25
K3. Acknowledge barriers to eliminating health disparities (e.g., poverty, lack of health insurance, limited health literacy, limited education, and other social determinants of health)	Novice-Intermediate	29
S1. Elucidate the epidemiology of disparities	Novice	34
S2. Critically appraise literature on disparities	Novice	35
S3. Gather and use local data to support Healthy People 2020	Novice-Intermediate	36
A1. Recognize disparities amenable to intervention	Novice	36
A2. Value eliminating disparities	Novice	36
A3. Express the attitude that it is the health care professional's duty to elicit and ensure patients' best possible understanding of their health care	Novice-Intermediate	36

[Module 1 INDEX](#)

Key Concepts:

- Definitions of Race, Ethnicity, Culture, Health Literacy, and Health Disparities
- Epidemiology of health disparities
- Social determinants of health

¹ **Types of Learning Objectives/Competencies:** K: Knowledge; S: Skill; A: Attitude

² **Developmental Sequence:** Novice: Pre-clinical training; Intermediate: Supervised clinical interaction; Advanced: Clinical interaction with limited supervision

[Next Module](#)

[Back to Table of Contents](#)

MODULE 1: Health Disparities

Learning Objective K1:

Define Race, Ethnicity, Culture, Health Literacy, and Health Disparities
Novice

Self-Guided Learning Resources:

Baumann L, DePablo M. **What is Race/Ethnicity?** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2009.

Available at: http://tlcprojects.org/NEAT/race_final.html

Web-based, interactive tutorial explores definitions and concepts of race and ethnicity in the United States. The tutorial also discusses Federal guidelines for racial categories for use in civil rights monitoring and enforcement.

Lauver DR. **Health Disparities Part One: Definitions and Background.**

Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2009.

Available at: <http://tlcprojects.org/NEAT/OverviewPart-I.html>

Part one of a three-part, web-based tutorial series.

The tutorial seeks to address the following learning objectives:

- Formulate an evidence-based definition of health disparities;
- Discuss why health disparities matter for individual health, population health, and ethical reasons;
- Describe measurement of health disparities; and
- Identify ways of categorizing health disparities.

New York-New Jersey Public Health Training Center. **Health Literacy and Public Health: Introduction.**

Available at: <http://www.phtc-online.org/learning/pages/catalog/phlit01/>

Web-based course introduces the concept of health literacy, discusses misperceptions and consequences of low health literacy, and describes how health literacy skills affect interactions between patients/clients and health care professionals. Continuing education credit is available.

MODULE 1: Health Disparities

Learning Objective K1:

Define Race, Ethnicity, Culture, Health Literacy, and Health Disparities
Novice

Self-Guided Learning Resources:

New York-New Jersey Public Health Training Center. **Health Literacy and Public Health: Strategies for Addressing Low Health Literacy.**

Available at: <http://www.phtc-online.org/learning/pages/catalog/phlit02/>

Web-based course provides strategies for addressing health literacy in spoken and written communication of public health messages and in delivery of public health services. Continuing education credit is available.

Porter C. **African Americans, Health, and the Health Care System.**

University of Michigan School of Nursing, MESA Center for Health Disparities; 2007.

Available at: <http://www-personal.umich.edu/~espring/modules/AfAmHealth.swf>

Web-based tutorial addresses the following topics:

- African American health disparities
- Origins of disparities
- Role of the healthcare system in disparities

Porter C, Springfield E. **Science and Race: Concept and Category.** University of Michigan School of Nursing, MESA Center for Health Disparities; 2006.

Available at: <http://www-personal.umich.edu/~espring/modules/socSciAndRace.swf>

Web-based tutorial briefly discusses the historical evolution of the following concepts:

- Racial categorization
- Biological race
- Scientific racism
- Geographic race
- Genetics and race
- Eugenics

MODULE 1: Health Disparities

Learning Objective K1:

Define Race, Ethnicity, Culture, Health Literacy, and Health Disparities
Novice

Self-Guided Learning Resources:

Robinson S. **Health Literacy and the Web**. 2011. CommunicateHealth, Inc.
Available at: <http://www.howto.gov/training/classes/plain-language-to-communicate-health-information>

Webinar includes an audio recording, presentation slides, and a transcript discussing techniques and promising practices for improving the usability of web-based health information by patients/consumers.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. **Health Literacy for Public Health Professionals**.
Available at: http://www2a.cdc.gov/TCEOnline/registration/detailpage.asp?res_id=2074

Web-based training to educate learners on the fundamentals of health literacy and the role of providers in addressing health literacy concerns in the dissemination of information and delivery of services to patients/clients.

The course provides practical steps to help health providers to apply health literacy principles in their daily activities. Continuing education credits are available for certified health education specialists, nurses, pharmacists, physicians, and other professionals.
(Abstract adapted from CDC)

MODULE 1: Health Disparities

Learning Objective K2:

Identify National and Local Patterns of Data on Health Disparities and Health Literacy

Novice-Intermediate

Case Studies (Print and Video):

Allison JE, Wender RC. **Preventing Colorectal Cancer—Saving Lives with Effective Screening and Surveillance**. 2009. Medscape.

Available at: <http://www.medscape.org/viewarticle/558792>

Interactive case study discusses the incidence of colorectal cancer among African Americans and the role of race in determining appropriate screening and surveillance strategies. Case study includes questions to test learners' current knowledge and provides evidence-based information to enhance knowledge base.

American Medical Association. **Health Care Disparities**.

Available at: <http://www.bigshouldersdubs.com/clients/ama/01-AMA-Disparities.htm>

Video clip defines and provides examples of health care disparities and discusses sources of such disparities, including barriers related to access to care, patient mistrust of the healthcare system, communication barriers, and the influence of unconscious bias and stereotyping on treatment and diagnosis.

The discussion also offers disparities-reducing strategies that health professionals can implement within their own practices.

The clip is part of AMA's video series titled "Educating Physicians on Controversies and Challenges in Health." [Video length: 5 min.]

MODULE 1: Health Disparities

Learning Objective K2:

Identify National and Local Patterns of Data on Health Disparities and Health Literacy

Novice-Intermediate

Case Studies (Print and Video):

Ghaddar S. **Health Disparities and Inequalities Along the U.S.-Mexico Border: Challenges and Opportunities**. University of Michigan, Ann Arbor; 2012.

Available at: https://practice.sph.umich.edu/mphtc/site.php?module=courses_one_online_course&id=446

Webcast presentation discusses factors that contribute to the rising health issues and health disparities that exist in border communities and the impact on the health of both nations. [Webcast length: 1 hour, 2 min.]

Rodriguez-Torres M, Howell CD. **HCV Case Challenges: Optimizing Care in Special Populations**. 2009. Medscape.

Available at: <http://www.medscape.org/viewarticle/707173>

Interactive case study on chronic hepatitis C and varied trends among minority subpopulations includes questions to test learners' current knowledge and provides evidence-based information to enhance knowledge base.

MODULE 1: Health Disparities

Learning Objective K2:

Identify National and Local Patterns of Data on Health Disparities and Health Literacy

Novice-Intermediate

Self-Guided Learning Resources:

Families USA. **So You Think You Know Minority Health?**

Available at: http://familiesusa2.org/issues/minority-health/game-show/my_quiz_show.html

Interactive quiz designed to test learners' knowledge of health disparities in the U.S.

Greder K. **Food Insecurity and Children Living in Immigrant Families: Implications for Growth and Development.** Children, Youth and Families Education and Research Network (CYFERnet); 2011.

Available at: <http://www1.cyfernet.org/onlinepd/04-11-FoodImmigrant.html>

Web-based workshop explores the impact of food insecurity on the health and well-being of children in recent-immigrant families.

Heighway S. **Health Disparities: People with Developmental Disabilities.** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2008.

Available at: <http://tlcprojects.org/NEAT/Disabilities.html>

Interactive tutorial focuses on the following learning objectives:

- Define and describe developmental disabilities;
- Explain how healthcare disparities affect people with developmental disabilities; and,
- Describe how healthcare providers can help improve care for people with developmental disabilities.

MODULE 1: Health Disparities

Learning Objective K2:

Identify National and Local Patterns of Data on Health Disparities and Health Literacy

Novice-Intermediate

Self-Guided Learning Resources:

Lauver DR. **Health Disparities Part Two: Populations Affected.** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2009.

Available at: <http://tlcprojects.org/NEAT/OverviewPart-II.html>

Part two of a three-part, web-based tutorial series. The tutorial describes some health disparities that affect specific populations based on race/ethnicity, gender, sexual orientation, disability, geographic location, and income and education.

Lynch JW, Harper S. **Measuring Health Disparities.** Michigan Public Health Training Center.

Available at: https://practice.sph.umich.edu/mphtc/site.php?module=courses_one_online_course&id=247

Interactive web-based course enables learners to understand, define, and measure health disparities, including explanation of advantages and disadvantages of particular health disparity measures and how best to use different measures to communicate and evaluate disparities. The course includes a post-test. Continuing education credit is available.

Midwest Center for Life-Long-Learning in Public Health. **Immigrant Health Online Module.** University of Minnesota School of Public Health.

Available at: <http://www.sph.umn.edu/details/course/10577/>

Web-based training discusses ten myths about contemporary immigrant populations in the U.S., and provides an overview of health care issues and health disparities faced by immigrant communities.

Continuing education credit is available.

MODULE 1: Health Disparities

Learning Objective K3:

Acknowledge Barriers to Eliminating Health Disparities

Novice-Intermediate

Videos and Webcasts:

Canady R. **Under the Skin: Transforming Public Health Practice Through Health Equity**. Michigan Public Health Training Center; 2011.

Available at: https://practice.sph.umich.edu/mphtc/site.php?module=courses_one_online_course&id=441

Webcast presentation discusses the need to explicitly deal with racism, sexism, and classism in order to successfully address health disparities. Michigan's Ingham County Health Department is featured as a case study. [Webcast length, 51 min.]

Evans G. **The Environment of Childhood Poverty**. Children, Youth and Families Education and Research Network (CYFERnet); 2009.

Available at: <http://www1.cyfernet.org/confav/05-09-evans-research.html>

Webcast discusses how the confluence of poverty and physical and social environmental factors impacts childhood development. [Webcast length: 1 hour, 10 min.]

Fullilove R, Ferrari P. **Achieving Health Equity through Policy, Systems and Environmental Changes**. SUNY at Albany, School of Public Health; 2010.

Available at: <http://www.albany.edu/sph/cphce/phl/disparity.htm>

Webcast describes populations affected by health disparities; provides examples of health disparities, health inequities, and social determinants of health; and describes examples of policy and systems changes that can impact health disparities. A PowerPoint handout is provided. Continuing education credit is available. [Webcast length: 1 hour]

MODULE 1: Health Disparities

Learning Objective K3:

Acknowledge Barriers to Eliminating Health Disparities

Novice-Intermediate

Videos and Webcasts:

Unnatural Causes ... Is Inequality Making Us Sick? Produced by Larry Adelman and Llewellyn M. Smith. San Francisco, CA: California Newsreel with Vital Pictures; 2008.

Resources available at: <http://www.unnaturalcauses.org/resources.php>

The seven-part documentary series and accompanying resource website explore racial and social inequities in health. In particular, the series explores how the social circumstances in which we live, work and play impact our health status.

Specific topics include the health impacts of the maldistribution of wealth and power; racism; recent immigration; cultural loss and community disempowerment; zip code/neighborhood of residence; employment status; and globalization and U.S. military policy.

Six different discussion guides based on these topics are available at the following link: <http://culturalmeded.stanford.edu/teaching/unnaturalcausesresource.html>

Each guide is structured for facilitating a 60-minute discussion.

Free video clips from the series are available at http://www.unnaturalcauses.org/video_clips.php

MODULE 1: Health Disparities

Learning Objective K3:

Acknowledge Barriers to Eliminating Health Disparities

Novice-Intermediate

Self-Guided Learning Resources:

American Medical Student Association. **Breaking Barriers.** The Promoting, Reinforcing and Improving Medical Education (PRIME) Project.

Available at: <http://www.amsa.org/AMSA/Homepage/About/Priorities/GlobalHealthEquity.aspx>

Series of five web-based modules that focus on the impact of barriers to health care and steps that health providers can take to remove such barriers. The barriers that are addressed include those faced by racial/ethnic minorities; lesbian, gay, bisexual, transgender (LGBT) populations; rural populations; and individuals without health insurance. Development of the modules was funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration.

Baiardi J. **Insurance Disparities in America.** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2008.

Available at: <http://tlcprojects.org/NEAT/InsuranceDisp.html>

Web-based tutorial with audio narration describes the historical evolution of health insurance in America and analyzes the impacts of health insurance on healthcare disparities.

Baiardi J. **The Many Faces of Poverty.** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2009.

Available at: <http://tlcprojects.org/NEAT/poverty1.html>

Web-based, interactive tutorial with narrated discussion of how poverty is defined, assessed and measured in the U.S. and other countries; the symptoms and root causes of poverty; and case study-based strategies for addressing the impact of poverty on the health of patients.

MODULE 1: Health Disparities

Learning Objective K3:

Acknowledge Barriers to Eliminating Health Disparities

Novice-Intermediate

Self-Guided Learning Resources:

Lauver DR. **Health Disparities Part Three: Contributing Factors and Promising Initiatives.** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2009. Available at: <http://tlcprojects.org/NEAT/OverviewPart-III.html>

Part three of a web-based tutorial series.

The tutorial seeks to address the following learning objectives:

- Identify factors that contribute to health disparities;
- Discuss which factors are individual behaviors and which relate to the social and physical environments, health systems, and policy;
- Explain the significance of quantifying data; and
- Describe some efforts to address health disparities.

Pan-American Health Organization (PAHO) and the World Health Organization (WHO). **Global Learning Device on Social Determinants of Health and Public Policy Formulation.**

Available at: <http://dds-dispositivoglobal.ops.org.ar/curso/cursoeng/contexto.html>

A self-learning course that includes international examples of policies and interventions to address social determinants of health. The course also highlights the recommendations of the WHO Commission on Social Determinants of Health. Course modules include a presentation of concepts, questions for reflection, key readings (short texts), activities, reference materials, and self-assessments.

MODULE 1: Health Disparities

Learning Objective K3:

Acknowledge Barriers to Eliminating Health Disparities

Novice-Intermediate

Self-Guided Learning Resources:

South Central Public Health Partnership. **The Intersections of Cultural Diversity, Health Policy Development and Policy Analysis.**

Available at: http://moodle01.southcentralpartnership.org/scphp/mycourse_desc.php?id=75

Web-based course enables learners to utilize a cultural diversity framework from which to identify potential social, political, and economic determinants of health disparities in diverse populations and to begin to assess health policy in relation to these issues.

Clinical/Field Application Resources:

University of Washington Medical Center. **Barriers to Care Map.** 2010.

Available at: <http://dx.confex.com/dx/10/webprogram/Paper2289.html>

An adaptable tool that may be used by health providers to identify at what points a patient/client may encounter barriers during the healthcare-seeking and healthcare-delivery process. Each barrier is mapped to an example and suggestions for eliminating the particular barrier.

MODULE 1: Health Disparities

Learning Objective S1:

Explain the Epidemiology of Disparities

Novice

Self-Guided Learning Resources:

Lauver DR. **Health Population Data: Part One – What are Frequency Counts, Rates, Rate Ratios, and Percent Differences?** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2008.

Available at: <http://tlcprojects.org/NEAT/NumericalData.html>

Web-based interactive tutorial addresses the following learning objectives within the context of interpreting health disparities research data:

- Explain frequency counts, rates, rate ratios, and percent differences in statistics about health and disease in populations;
- Determine the appropriate reference group in health disparity studies;
- Discuss the importance and use of numerical data for public health; and
- Read research reports and their interpretations of numerical data more critically.

Lauver DR. **Health Population Data: Part Two – What are Odds Ratios and Relative Risks?** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2008.

Available at: <http://tlcprojects.org/NEAT/NumericalDataPartII.html>

Web-based tutorial with interactive questions and graphics that teach learners how to interpret odds ratios and relative risk statistics, and how to apply these concepts when analyzing health disparities.

MODULE 1: Health Disparities

Learning Objective S2:

Critically Appraise Literature on Disparities

Novice

Self-Guided Learning Resources:

Springfield E. **Cultural Competence in Research**. University of Michigan School of Nursing, MESA Center for Health Disparities; 2008.

Available at: <http://www-personal.umich.edu/~espring/modules/culturalCompetence.swf>

Self-guided, web-based tutorial on issues, strategies and approaches to conducting health research in a culturally-sensitive manner. The tutorial consists of instructional materials and short case studies.

Topics include:

- Theoretical framework
- Research team
- Sampling
- Measurement
- Intervention Design
- Analysis
- Discussion of research findings

MODULE 1: Health Disparities

Learning Objective S3:

Gather and Use Local Data to Support Healthy People 2020

Novice-Intermediate

Resources in development.

Learning Objective A1:

Recognize Disparities Amenable to Intervention

Novice

Resources in development.

Learning Objective A2:

Value Eliminating Disparities

Novice

Resources in development.

Learning Objective A3:

**Express the Attitude that It Is the Health Care
Professional's Duty to Elicit and Ensure Patients' Best
Possible Understanding of Their Health Care**

Novice-Intermediate

Resources in development.

MODULE 1: Health Disparities

INDEX

Allison JE, Wender RC. **Preventing Colorectal Cancer—Saving Lives with Effective Screening and Surveillance**. 2009. Medscape.

American Medical Association. **Health Care Disparities**.

American Medical Student Association. **Breaking Barriers**. The Promoting, Reinforcing and Improving Medical Education (PRIME) Project.

Baiardi J. **Insurance Disparities in America**. Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2008.

Baiardi J. **The Many Faces of Poverty**. Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2009.

Baumann L, DePablo M. **What is Race/Ethnicity?** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2009.

Canady R. **Under the Skin: Transforming Public Health Practice Through Health Equity**. Michigan Public Health Training Center; 2011.

Evans G. **The Environment of Childhood Poverty**. Children, Youth and Families Education and Research Network (CYFERnet); 2009.

Families USA. **So You Think You Know Minority Health?**

Fullilove R, Ferrari P. **Achieving Health Equity through Policy, Systems and Environmental Changes**. SUNY at Albany, School of Public Health; 2010.

Ghaddar S. **Health Disparities and Inequalities Along the U.S.-Mexico Border: Challenges and Opportunities**. University of Michigan, Ann Arbor; 2012.

Greder K. **Food Insecurity and Children Living in Immigrant Families: Implications for Growth and Development**. Children, Youth and Families Education and Research Network (CYFERnet); 2011.

MODULE 1: Health Disparities

Heighway S. **Health Disparities: People with Developmental Disabilities.** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2008.

Lauver DR. **Health Disparities Part One: Definitions and Background.** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2009.

Lauver DR. **Health Disparities Part Two: Populations Affected.** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2009.

Lauver DR. **Health Disparities Part Three: Contributing Factors and Promising Initiatives.** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2009.

Lauver DR. **Health Population Data: Part One – What are Frequency Counts, Rates, Rate Ratios, and Percent Differences?** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2008.

Lauver DR. **Health Population Data: Part Two – What are Odds Ratios and Relative Risks?** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2008.

Lynch JW, Harper S. **Measuring Health Disparities.** Michigan Public Health Training Center.

Midwest Center for Life-Long-Learning in Public Health. **Immigrant Health Online Module.** University of Minnesota School of Public Health.

New York-New Jersey Public Health Training Center. **Health Literacy and Public Health: Introduction.**

New York-New Jersey Public Health Training Center. **Health Literacy and Public Health: Strategies for Addressing Low Health Literacy.**

MODULE 1: Health Disparities

Pan-American Health Organization (PAHO) and the World Health Organization (WHO). **Global Learning Device on Social Determinants of Health and Public Policy Formulation.**

Porter C. **African Americans, Health, and the Health Care System.** University of Michigan School of Nursing, MESA Center for Health Disparities; 2007.

Porter C, Springfield E. **Science and Race: Concept and Category.** University of Michigan School of Nursing, MESA Center for Health Disparities; 2006.

Robinson S. **Health Literacy and the Web.** 2011. CommunicateHealth, Inc.

Rodriguez-Torres M, Howell CD. **HCV Case Challenges: Optimizing Care in Special Populations.** 2009. Medscape.

South Central Public Health Partnership. **The Intersections of Cultural Diversity, Health Policy Development and Policy Analysis.**

Springfield E. **Cultural Competence in Research.** University of Michigan School of Nursing, MESA Center for Health Disparities; 2008.

University of Washington Medical Center. **Barriers to Care Map.** 2010.

Unnatural Causes ... Is Inequality Making Us Sick? Produced by Larry Adelman and Llewellyn M. Smith. San Francisco, CA: California Newsreel with Vital Pictures; 2008.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. **Health Literacy for Public Health Professionals.**

MODULE 2: Community Strategies

Core Learning Objectives ¹	Developmental Sequence ²	Page
K1. Understand population health variability factors	Novice	41
K2. Describe challenges in cross-cultural communication	Intermediate	44
K3. Describe community-based elements and resources for helping patients improve health status and general literacy skills	Intermediate	49
K4. Identify community beliefs and health practices	Intermediate	49
S1. Discuss and describe methods to collaborate with communities to address needs	Intermediate	50
S2. Describe methods to identify community leaders	Intermediate	51
S3. Propose a community-based health intervention	Intermediate	52
A1. Describe how to address social determinants of health	Novice-Intermediate	58

[Module 2 INDEX](#)

Key Concepts:

- Population health variability
- Challenges in cross-cultural communication
- Community beliefs and health practices
- Community-based interventions and collaboration

¹ **Types of Learning Objectives/Competencies:** K: Knowledge; S: Skill; A: Attitude

² **Developmental Sequence:** Novice: Pre-clinical training; Intermediate: Supervised clinical interaction; Advanced: Clinical interaction with limited supervision

[Previous Module](#)

[Next Module](#)

[Back to Table of Contents](#)

MODULE 2: Community Strategies

Learning Objective K1:

Understand Population Health Variability Factors

Novice

Case Studies (Print and Video Format):

Asian Pacific Fund. **Healing the Spirit – Depression Among Asian Elderly.**

Order form available at: <http://www.asianpacificfund.org/healing-the-spirit-depression-among-asian-elderly>

Purpose of the film is to raise awareness about some of the cultural context for depression among Asian elderly women. The film features interviews with three clients and their families who represent Chinese, Filipino, and Japanese cultures. An accompanying discussion guide is available. The DVD is available free of charge.

Center for International Rehabilitation Research Information and Exchange (CIRRIE). **The Rehabilitation Provider's Guide to Cultures of the Foreign-Born.** State University of New York, University at Buffalo; 2002.

Available at: <http://cirrie.buffalo.edu/culture/monographs/index.php#series>

Monograph series includes case studies along with supporting information to extend learners' knowledge about immigration patterns, cultural influences, and traditional family structures found in communities with national origin ties to China, Cuba, Dominican Republic, El Salvador, Haiti, India, Jamaica, Korea, Mexico, Philippines, and Vietnam.

There is also discussion of the health and rehabilitation services found in the featured countries. Additional monographs address "Disability and the Muslim Perspective" and more generally "Culture Brokering."

MODULE 2: Community Strategies

Learning Objective K1:

Understand Population Health Variability Factors

Novice

Self-Guided Learning Resources:

Cary A, Swinney J. **Improving the Public's Health: Environmental Justice and Community Partnership Considerations for Public Health Nurses.**

University of Massachusetts Amherst, School of Nursing and School of Public Health and Health Sciences.

Available at: <http://www.bu.edu/publichealthworkforce/ejph/index.html>

Web-based course examines the influence of race, class, and poverty on environmental issues and the relationship of those issues to community health. The course includes interactive presentations, two case studies, and a race literacy quiz.

Detroit Department of Health and Wellness Promotion. **Reimaging Black Men's Health.** Michigan Public Health Training Center; 2011.

Available at: https://practice.sph.umich.edu/mphtc/site.php?module=courses_one_online_course&id=418

Webcast addresses the following learning objectives:

- Examine implicit and explicit cultural expectations of African American men;
- Review research on key aspects of African American men's health behaviors and health outcomes;
- Explore the intersection of race, ethnicity, gender, and age and the resultant chronic life stressors and strains that influence health behavior and health outcomes;
- Discuss a stress and coping framework for refining services and strategies to improve African American men's health outcomes.

Continuing education credit is available.

(Abstract adapted from Michigan Public Health Training Center.)

MODULE 2: Community Strategies

Learning Objective K1:

Understand Population Health Variability Factors

Novice

Self-Guided Learning Resources:

Goins RT. **Broken Trust: Health Status and Care Needs of Older Americans and Alaska Natives**. 2005. West Virginia University School of Medicine.

Available at: <http://msl.hsc.wvu.edu/mediasite/Viewer/Viewers/Viewer240TL.aspx?mode=Default&peid=ce1b58f6-6037-4d14-93b2-14441f3e185b&pid=c52c19bf-b796-41e5-ac99-0693da8b9066&playerType=WM7>

Web-based course enables learners to explore major health patterns, long-term care needs, and health-related cultural and political considerations of older adults among the American Indian and Alaska Native communities.

A PowerPoint presentation is available at: <http://www.hsc.wvu.edu/som/cmed/ophp/ppts/gr20050504BrokenTrustHealthStatusCareNeeds.ppt>

MODULE 2: Community Strategies

Learning Objective K2:

Describe Challenges in Cross-Cultural Communication

Intermediate

Case Studies (Print and Video Format):

American Medical Association. **Addressing Language Barriers Between Physician and Patient: What Are the Optimal Strategies?** 2007.

Available at: <http://www.bigshouldersdubs.com/clients/AMA/Language.htm>

Video clip discusses strategies for improving communication between health professionals and patients with limited English proficiency; options for addressing language barriers; and considerations regarding language access services. The clip is part of AMA's video series titled "Educating Physicians on Controversies and Challenges in Health."

[Video length: 6 min.]

Hsu WC. **A 50-Year-Old Asian Woman with Diabetes: Overcoming Disparities in Care.** 2011. Medscape.

Available at: <http://www.medscape.org/viewarticle/742795>

Interactive case study discusses the role of language access and differing health-related cultural beliefs as a contributor to disparities in healthcare. Case study includes questions to test learners' current knowledge, provides evidence-based information to enhance knowledge base, and offers a post-test activity.

John M, Parrott AAH, Scott H. **Communication Strategies to Strengthen the Patient-Provider Relationship.** 2011. Medscape.

Available at: <http://www.medscape.org/viewarticle/751663>

Interactive case study presents two patient cases that illustrate barriers to testing and care for persons with HIV infection. Strategies for overcoming these barriers are also presented. The case study includes questions to test learners' current knowledge, provides evidence-based information to enhance knowledge base, and offers a post-test activity.

MODULE 2: Community Strategies

Learning Objective K2:

Describe Challenges in Cross-Cultural Communication

Intermediate

Case Studies (Print and Video Format):

Louard RJ. **A 50-Year-Old Latino Recently Diagnosed with Diabetes: Overcoming Communication Barriers.** 2011. Medscape.

Available at: <http://www.medscape.org/viewarticle/738096>

Interactive case study includes questions to test learners' current knowledge, provides evidence-based information to enhance knowledge base, and offers a post-test activity.

PALS for Health and The California Endowment. **In the Absence of Words: A Compilation of Personal Stories Addressing the Language Barrier in Health Care;** 2008.

Available at: [http://tcenews.calendow.org/pr/tce/document/In the Absence of Words.pdf](http://tcenews.calendow.org/pr/tce/document/In_the_Absence_of_Words.pdf)

By presenting individual stories and narratives, the document seeks to educate and raise awareness about language barriers that exist in the U.S. healthcare system.

The stories presented come from interpreters and language ambassadors from the PALS for Health Program. Each story provides a real experience of a limited-English-proficiency individual and their struggles in the healthcare system.

(Abstract adapted from HHS Office of Minority Health)

MODULE 2: Community Strategies

Learning Objective K2:

Describe Challenges in Cross-Cultural Communication

Intermediate

Case Studies (Print and Video Format):

The Joint Commission and the U.S. Department of Health and Human Services, Office for Civil Rights. **Improving Patient-Provider Communication**; 2009. Available at: www.hhs.gov/ocr/civilrights/resources/training/index.html OR www.hhs.gov/ocr/civilrights/resources/specialtopics/hospitalcommunication/index.html

The video was created to educate healthcare professionals in providing language access within healthcare organizations as a critical component of safe, quality patient care. Additional resources are provided for working with limited English proficiency communities. [Video length: 33 min.]

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **Case Study: Language Barrier**. Web M&M: Morbidity and Mortality Round on the Web; 2006.
Available at: <http://webmm.ahrq.gov/case.aspx?caseID=123>

Case description of an infant patient diagnosed with iron-deficiency anemia; the patient's parents are monolingual Spanish-speakers. The case commentary includes a table of "suggested options for providing adequate language services for limited English proficiency (LEP) patients."
(Abstract adapted from HHS)

MODULE 2: Community Strategies

Learning Objective K2:

Describe Challenges in Cross-Cultural Communication

Intermediate

Self-Guided Learning Resources:

Thurston M. **Putting Together the Pieces: Communicating with Limited English Proficiency Populations.** Northwest Center for Public Health Practice, University of Washington.

Available at: http://www.nwcphp.org/docs/la_county/communication/la20110726.html

Webinar examines a process for establishing emergency communication plans with limited English proficiency communities. The webinar provides case study illustrations, and both traditional and social media outlets are discussed.

Accompanying PowerPoint slides can be downloaded at: <http://www.nwcphp.org/training/courses/community-engagement-and-communication> [Webinar length: 1 hour, 23 min.]

Clinical/Field Application Resources:

Pfizer, Inc. **Fry Testing Exercises.**

Available at: <http://www.pfizerhealthliteracy.com/asset/pdf/Using-Readability-Formulas.pdf>

An exercise in using the Fry formula for testing the reading level of patient education materials.

MODULE 2: Community Strategies

Learning Objective K2:

Describe Challenges in Cross-Cultural Communication

Intermediate

Clinical/Field Application Resources:

U.S. Department of Health and Human Services, Office of Minority Health. **A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations.** 2005.

Available at: <http://minorityhealth.hhs.gov/Assets/pdf/Checked/HC-LSIG.pdf>

The guide lays out the basic steps for implementing language access services (LAS). Included among the steps is an organizational capabilities assessment.

The process for carrying out each step is explained in detail and supplemented with links to additional resources. Also available is an interactive website (https://www.thinkculturalhealth.hhs.gov/Content/communication_tools.asp) that highlights the process that patients and family members go through at each point of contact throughout the continuum of care.

For each point of contact, the website identifies the corresponding parts of the Guide that address it and provides a web link to access the Guide for more information.

(Abstract adapted from HHS Office of Minority Health)

MODULE 2: Community Strategies

Learning Objective K3:

**Describe Community-based Elements and Resources
for Helping Patients Improve Health Status
and General Literacy Skills**

Intermediate

Resources in development.

Learning Objective K4:

Identify Community Beliefs and Health Practices

Intermediate

Resources in development.

MODULE 2: Community Strategies

Learning Objective S1:

Discuss and Describe Methods to Collaborate with Communities to Address Needs

Intermediate

Self-Guided Learning Resources:

Noreuil MC. **Coming Full Circle: Understanding American Indian Health Disparities.** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2009.
Available at: <http://tlcprojects.org/NEAT/Indian.html>

Web-based tutorial with interactive exercises that focus on the following learning objectives:

- Explain the concept of the healing circle;
- Discuss the role of assumptions in the healthcare encounter;
- Summarize the health disparities that affect American Indians;
- Explain the factors that contribute to health disparities in American Indians;
- Suggest effective strategies for providers working with American Indian populations; and
- Describe positive approaches to addressing health disparities.

(Abstract adapted from www.merlot.org)

Prevention Institute. **Health Equity and Prevention Primer.**

Available at: <http://www.preventioninstitute.org/tools/focus-area-tools/health-equity-toolkit.html>

Seven self-guided learning modules address topics include the following:

- Role of primary care and prevention in achieving equity in health and safety
- How community factors influence health equity
- Enhancing effective partnerships for health equity
- Importance of local policy for achieving equitable health outcomes
- Measurement and evaluation for health equity

Continuing education credit is available for certified health education specialists (CHES).

MODULE 2: Community Strategies

Learning Objective S2:

Describe Methods to Identify Community Leaders

Intermediate

Resources in development.

MODULE 2: Community Strategies

Learning Objective S3:

Propose a Community-based Health Intervention Intermediate

Case Studies (Print and Video Format):

National Cancer Institute, Office of Communications and Education.

Reaching Minority Populations: Cancer Control and Prevention for Latino Populations. 2011.

Available at: <https://researchtoareality.cancer.gov/node/445>

Webcast discusses examples of adapting and implementing culturally-appropriate, evidence-based interventions in breast and cervical cancer screening for Latino sub-populations. Contributing factors to breast and cervical cancer disparities are also discussed. [Webcast length: 57 min.]

Nolan A, Brieger K. **Health Interventions for Immigrant and Migrant Populations.** SUNY at Albany, School of Public Health; 2010.

Available at: <http://www.albany.edu/sph/coned/phl/immigranthealth.htm>

Webcast discusses the health access barriers faced by U.S. immigrants and migrant workers, and provides examples of multidisciplinary health interventions for such populations. [Webcast length: 55 min.]

MODULE 2: Community Strategies

Learning Objective S3:

Propose a Community-based Health Intervention

Intermediate

Self-Guided Learning Resources:

Pacific EMPRINTS. **Building Cultural Competence in Disaster Preparedness and Response.** University of Hawaii at Manoa.

Available at: <http://www.emprints.hawaii.edu/training/course.aspx?ID=59&cat=1>

Web-based course discusses guiding principles for developing a culturally appropriate emergency response plan, with a particular focus on cross-cultural interactions. Continuing education credit is available.

A Podcast version of the course is available at: <http://www.emprints.hawaii.edu/training/course.aspx?ID=60&cat=3>

Pacific EMPRINTS. **Cultural Competency and Disaster Mental Health.** University of Hawaii at Manoa.

Available at: <http://www.emprints.hawaii.edu/training/course.aspx?ID=46&cat=3>

Podcast discusses the role of culture in emergency preparedness and response efforts, and describes methods to effectively incorporate medical interpreters into the emergency response system. Continuing education credit is available.

South Central Public Health Partnership. **Diversity and Cultural Competency in Public Health Settings – Basic Level.**

Available at: http://moodle01.southcentralpartnership.org/scphp/mycourse_desc.php?id=7

Web-based course enables learners to understand demographic and epidemiological trends in diverse populations and identify culturally competent community health models for addressing health disparities.

MODULE 2: Community Strategies

Learning Objective S3:

Propose a Community-based Health Intervention

Intermediate

Clinical/Field Application Resources:

Brennan Ramirez LK, Baker EA, Metzler M. **Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health.** Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008.

Available at: <http://www.cdc.gov/nccdphp/dach/chhep/pdf/SDOHworkbook.pdf>

A workbook for community health partners seeking guidance on how to develop community-based initiatives focused on addressing inequities in social determinants of health.

The workbook includes profiles of existing small- and large-scale community-based programs and policy initiatives. Additional references and resources are provided.

Georgetown University, National Center for Cultural Competence. **A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials;** 2003.

Available at: http://www11.georgetown.edu/research/gucchd/nccc/documents/Materials_Guide.pdf

Document provides guidance on how to assure that health promotion materials reflect the principles and practices of cultural and linguistic competence. Recommendations are provided on how to adapt existing health materials for use in health promotion efforts.

(Abstract adapted from HHS Office of Minority Health)

MODULE 2: Community Strategies

Learning Objective S3:

Propose a Community-based Health Intervention Intermediate

Clinical/Field Application Resources:

PolicyLink. **Equitable Development Toolkit.**

Available at: http://www.policylink.org/site/c.lkIXLbMNJrE/b.5136575/k.39A1/Equitable_Development_Toolkit.htm

Online toolkit provides examples of community-based models for developing healthier communities and reducing health disparities. Action steps for targeted social determinants of health interventions are provided along with supporting research and other information resources.

Samuels J, Schudrich W, Altschul D. **Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence.** Nathan Kline Institute for Psychiatric Research; 2008.

Available at: <http://ssrdqst.rfmh.org/cecc/sites/ssrdqst.rfmh.org.cecc/UserFiles/ToolkitEBP.pdf>

Toolkit provides a methodology for behavioral health professionals to improve the cultural competence of practice-based interventions.

The methodology can be applied in a range of settings and emphasizes the following elements:

- Identifying a clinical need;
- Working with communities;
- Selecting an evidence-based practice;
- Modifying evidence-based practices to suit community needs; and
- Implementing the modified practice.

Users of the toolkit can utilize the accompanying checklist and workbook to organize their activities: (<http://ssrdqst.rfmh.org/cecc/sites/ssrdqst.rfmh.org.cecc/UserFiles/ToolkitChecklistWorkbook.pdf>).

MODULE 2: Community Strategies

Learning Objective S3:

Propose a Community-based Health Intervention

Intermediate

Clinical/Field Application Resources:

U.S. Department of Health and Human Services, Office of Minority Health.

Guidance for Integrating Culturally Diverse Communities into Planning for and Responding to Emergencies: A Toolkit; 2011.

Available at: <http://www.texashealthinstitute.org/files/OMH DiversityPreparednessToolkit.pdf>

The toolkit offers recommendations, resources and practical strategies for engaging and integrating culturally diverse communities in the following emergency planning activities:

- (1) Assessing community needs and assets;
- (2) Developing sustainable community partnerships;
- (3) Risk communication;
- (4) Training and education;
- (5) Capacity-building for culturally and linguistically appropriate services;
- (6) Measurement and evaluation of emergency plans;
- (7) Information coordination; and
- (8) Funding and program development.

(Abstract adapted from HHS Office of Minority Health)

U.S. Department of Health and Human Services, Office of Minority Health.

National Partnership for Action to End Health Disparities: Toolkit for Community Action. 2010.

Available at: http://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf

Toolkit discusses community-based strategies to address health disparities. The toolkit also defines health disparities and describes social determinants of health and other factors that influence health.

MODULE 2: Community Strategies

Learning Objective S3:

Propose a Community-based Health Intervention

Intermediate

Clinical/Field Application Resources:

University of Kansas, Work Group for Community Health and Development.

The Community Toolbox. 2005.

Available at: <http://ctb.ku.edu/en/default.aspx>

Resource provides in-depth practical guidance in development of community-based health interventions, with links to additional support tools and a sample of resources that document evidence-based practices.

The toolbox addresses many topics including the following:

- Models for promoting community health and development
- Assessment of community needs and resources
- Promoting community interest and participation
- Creating and maintaining coalitions and partnerships
- Analyzing community problems and designing and adapting/ implementing promising community interventions
- Developing strategic plans and action plans
- Evaluating community programs and interventions
- Social marketing and institutionalization of the intervention

MODULE 2: Community Strategies

Learning Objective A1:

Describe How to Address Social Determinants of Health

Novice-Intermediate

Resources in development.

MODULE 2: Community Strategies

INDEX

American Medical Association. **Addressing Language Barriers Between Physician and Patient: What Are the Optimal Strategies?** 2007.

Asian Pacific Fund. **Healing the Spirit – Depression Among Asian Elderly.**

Brennan Ramirez LK, Baker EA, Metzler M. **Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health.** Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008.

Cary A, Swinney J. **Improving the Public's Health: Environmental Justice and Community Partnership Considerations for Public Health Nurses.** University of Massachusetts Amherst, School of Nursing and School of Public Health and Health Sciences.

Center for International Rehabilitation Research Information and Exchange (CIRRIE). **The Rehabilitation Provider's Guide to Cultures of the Foreign-Born.** State University of New York, University at Buffalo; 2002.

Detroit Department of Health and Wellness Promotion. **Reimagining Black Men's Health.** Michigan Public Health Training Center; 2011.

Georgetown University, National Center for Cultural Competence. **A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials;** 2003.

Goins RT. **Broken Trust: Health Status and Care Needs of Older Americans and Alaska Natives.** 2005. West Virginia University School of Medicine.

Hsu WC. **A 50-Year-Old Asian Woman with Diabetes: Overcoming Disparities in Care.** 2011. Medscape.

John M, Parrott AAH, Scott H. **Communication Strategies to Strengthen the Patient-Provider Relationship.** 2011.

MODULE 2: Community Strategies

Louard RJ. **A 50-Year-Old Latino Recently Diagnosed with Diabetes: Overcoming Communication Barriers.** 2011. Medscape.

National Cancer Institute, Office of Communications and Education. **Reaching Minority Populations: Cancer Control and Prevention for Latino Populations.** 2011.

Nolan A, Brieger K. **Health Interventions for Immigrant and Migrant Populations.** SUNY at Albany, School of Public Health; 2010.

Noreuil MC. **Coming Full Circle: Understanding American Indian Health Disparities.** Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2009.

Pacific EMPRINTS. **Building Cultural Competence in Disaster Preparedness and Response.** University of Hawaii at Manoa.

Pacific EMPRINTS. **Cultural Competency and Disaster Mental Health.** University of Hawaii at Manoa.

PALS for Health and The California Endowment. **In the Absence of Words: A Compilation of Personal Stories Addressing the Language Barrier in Health Care;** 2008.

Pfizer, Inc. **Fry Testing Exercises.**

PolicyLink. **Equitable Development Toolkit.**

Prevention Institute. **Health Equity and Prevention Primer.**

Samuels J, Schudrich W, Altschul D. **Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence.** Nathan Kline Institute for Psychiatric Research; 2008.

South Central Public Health Partnership. **Diversity and Cultural Competency in Public Health Settings – Basic Level.**

MODULE 2: Community Strategies

The Joint Commission and the U.S. Department of Health and Human Services, Office for Civil Rights. **Improving Patient-Provider Communication**; 2009.

Thurston M. **Putting Together the Pieces: Communicating with Limited English Proficiency Populations**. Northwest Center for Public Health Practice, University of Washington.

University of Kansas, Work Group for Community Health and Development. **The Community Toolbox**. 2005.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **Case Study: Language Barrier**. Web M&M: Morbidity and Mortality Round on the Web; 2006.

U.S. Department of Health and Human Services, Office of Minority Health. **A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations**. 2005.

U.S. Department of Health and Human Services, Office of Minority Health. **Guidance for Integrating Culturally Diverse Communities into Planning for and Responding to Emergencies: A Toolkit**; 2011.

U.S. Department of Health and Human Services, Office of Minority Health. **National Partnership for Action to End Health Disparities: Toolkit for Community Action**. 2010.

MODULE 3: Bias and Stereotyping

Core Learning Objectives ¹	Developmental Sequence ²	Page
K1. Identify how race and culture relate to health	Novice-Intermediate	63
K2. Identify potential provider bias and stereotyping, including assumptions related to health literacy	Novice-Intermediate	65
S1. Show strategies to reduce bias in others	Novice-Intermediate	68
S2. Demonstrate strategies to address/reduce bias, including implementing principles of patient communication	Intermediate	69
S3. Describe strategies to reduce health professional bias	Intermediate	71
A1. Value historical impact of racism	Novice-Intermediate	72

[Module 3 INDEX](#)

Key Concepts:

- Intersection of race, culture, and health
- Bias and stereotyping
- Historical impact of racism

¹ **Types of Learning Objectives/Competencies:** K: Knowledge; S: Skill; A: Attitude

² **Developmental Sequence:** Novice: Pre-clinical training; Intermediate: Supervised clinical interaction; Advanced: Clinical interaction with limited supervision

MODULE 3: Bias and Stereotyping

Learning Objective K1:

Identify How Race and Culture Relate to Health

Novice-Intermediate

Self-Guided Learning Resources:

Kutob R. **Delivering Culturally Competent Care: Managing Type 2**

Diabetes in Diverse Populations. 2008. University of Arizona College of Medicine.

Available at: http://www.vlh.com/shared/courses/course_info.cfm?courseo=1787

Web-based interactive course discusses the relationship between race, ethnicity, and culture; describes research findings on health disparities, health beliefs, and health behaviors; and discusses strategies and potential barriers to proper disease management for patients with Type 2 diabetes. Continuing education credit is available.

National Association of City and County Health Officials. **Roots of Inequality: An Online Learning Collaborative.** 2011.

Available at: <http://www.rootsofhealthinequity.org/>

Web-based course explores the root causes of inequality in the distribution of disease, illness, and death. The course is particularly targeted to the local public health workforce, but is applicable to other health professionals and students engaged in program planning to address health disparities.

Continuing education credits are available.

MODULE 3: Bias and Stereotyping

Learning Objective K1:

Identify How Race and Culture Relate to Health

Novice-Intermediate

Self-Guided Learning Resources:

Spector RE. **Cultural Diversity in Health and Illness: Online Study Guide.**

2003. Prentice Hall, 6th edition.

Available at: [http://wps.prenhall.com/](http://wps.prenhall.com/chet_spector_cultural_6/10/2795/715662.cw/index.html)

[chet_spector_cultural_6/10/2795/715662.cw/index.html](http://wps.prenhall.com/chet_spector_cultural_6/10/2795/715662.cw/index.html)

Interactive study guide is designed to accompany the author's textbook of the same title.

The guide is divided into three units that address the following issues:

- (1) Cultural Foundations – cultural heritage and history, diversity, and health and illness;
- (2) Health Domains – health traditions, healing traditions, family traditions, and healthcare delivery; and
- (3) Health and Illness Panoramas – health and illness within diverse communities.

Each chapter within the three domains includes an outline of objectives, essay questions, quizzes, suggested readings, and other activities.

MODULE 3: Bias and Stereotyping

Learning Objective K2:

**Identify Potential Health Professional Bias and Stereotyping,
Including Assumptions Related to Health Literacy**

Novice-Intermediate

Web-based Curriculum and Training Modules:

UnderstandingPrejudice.org. Developed by Scott Plous, PhD (Wesleyan University) and the Social Psychology Network.

Available at: www.understandingprejudice.org

The website offers educational resources and information on prejudice, discrimination, multiculturalism, and diversity, with the ultimate goal of reducing intolerance and bias in contemporary society.

Resources include an extensive collection of relevant streaming videos and film clips, web-based exercises and demonstrations, teaching syllabi and activities, a directory of experts, and links to bibliographies and media catalogs. The website is organized to supplement the McGraw-Hill anthology "Understanding Prejudice and Discrimination."

(Abstract adapted from UnderstandingPrejudice.org)

MODULE 3: Bias and Stereotyping

Learning Objective K2:

**Identify Potential Health Professional Bias and Stereotyping,
Including Assumptions Related to Health Literacy**

Novice-Intermediate

Videos and Webcasts:

Race – The Power of an Illusion. Produced by Larry Adelman. San Francisco, CA: California Newsreel; 2003.

Resources available at: <http://www.pbs.org/race/>

The resource is a companion website to the three-part documentary series of the same name which explores myths, misconceptions, and notions about race, as well as the underlying social, economic, and political conditions that create inequity among diverse communities. [Video length: ~ 20 mins.]

Structural Racialization, Implicit Bias and Targeted Universalism. Webcast presentation to the California Endowment by Mr. John Powell, Executive Director of the Kirwan Institute for the Study of Race and Ethnicity at Ohio State University; 2011.

Available at: www.youtube.com/playlist?p=PL77C4843094658FB3

[Webcast length: 8 mins.]

MODULE 3: Bias and Stereotyping

Learning Objective K2:

**Identify Potential Health Professional Bias and Stereotyping,
Including Assumptions Related to Health Literacy**

Novice-Intermediate

Self-Guided Learning Resources:

Implicit Association Test. Developed by Project Implicit.

Available at: www.implicit.harvard.edu/implicit/demo/index.jsp.

Project Implicit is a network of research scientists based at Harvard University, the University of Washington, and the University of Virginia. The Project's virtual laboratory includes the Implicit Association Test (IAT) which measures implicit preferences, stereotypes, attitudes and beliefs that people are either unwilling or unable to report.

The IAT may be used as an educational tool to increase awareness of subconscious bias on a series of topics including race and ethnicity.
(Abstract adapted from Project Implicit)

MODULE 3: Bias and Stereotyping

Learning Objective S1:

Show Strategies to Reduce Bias in Others

Novice-Intermediate

Resources in development.

MODULE 3: Bias and Stereotyping

Learning Objective S2:

**Demonstrate Strategies to Address/Reduce Bias,
Including Implementing Principles of Patient Communication
Intermediate**

Web-based Curriculum and Training Modules:

University of Alabama, Birmingham. **Cultural Competence Online for Medical Practice (CCOMP): A Clinician's Guide to Reduce Cardiovascular Disparities**. National Heart, Lung, and Blood Institute. Available at: <http://www.c-comp.org/>

The training features two modules illustrating both the patients' and clinicians' perspectives in health care. Specific objectives for learners emphasize learning effective cross-cultural approaches to care for African-American patients with cardiovascular disease.

The emphasis includes an exploration of stereotyping and bias from the clinician and its potential impact on patient care. The training uses videos with real patient scenarios and case-based modules to increase learners' awareness.

(Abstract adapted from University of Alabama, Birmingham)

MODULE 3: Bias and Stereotyping

Learning Objective S2:

**Demonstrate Strategies to Address/Reduce Bias,
Including Implementing Principles of Patient Communication
Intermediate**

Self-Guided Learning Resources:

New York-New Jersey Public Health Training Center. **Exploring Cross-Cultural Communication**. 2004.

Available at: <http://www.empiresetatephtc.org/learning/pages/catalog/cc/default.cfm>
<http://www.phtc-online.org/learning/pages/catalog/cc/>

Web-based course contains three modules that address (1) Culture, (2) Communication, and (3) Cross-cultural communication. Learning objectives include an understanding of how stereotypes and generalizations are created; strategies for unbiased communication and delivery of services; and factors that affect an individual's or group's acceptance of health information and services.

Course is extended by a series of case studies ("Communicate to Make a Difference: Practicing Cross-Cultural Communication") that explore practical application of communication strategies discussed in the course.

The case study titles are as follows:

- Practicing Cross-Cultural Communication—Flood (available at: <http://www.phtc-online.org/learning/pages/catalog/cc2-flood/>)
- Practicing Cross-Cultural Communication—Hepatitis A Outbreak (available at: <http://www.phtc-online.org/learning/pages/catalog/cc2-hepa/>)
- Practicing Cross-Cultural Communication—The Bamboo Dragon (available at: <http://www.phtc-online.org/learning/pages/catalog/cc2-bd/>)
- Practicing Cross-Cultural Communication—Community Health Worker Program (available at: <http://www.phtc-online.org/learning/pages/catalog/cc2-chw/>)

Continuing education credit is available.

MODULE 3: Bias and Stereotyping

Learning Objective S3:

Describe Strategies to Reduce Health Professional Bias

Intermediate

Resources in development.

MODULE 3: Bias and Stereotyping

Learning Objective A1:

Value Historical Impact of Racism

Novice-Intermediate

Videos and Webcasts:

Jones CP. **Achieving Health Equity: Addressing Racism as a Threat to the Health ...** Genesee County Public Health Week Conference. Flint, MI. April 3, 2012.

Available at: https://practice.sph.umich.edu/mphtc/site.php?module=courses_one_online_course&id=450

Webcast learning objectives include the following:

- Understanding relationship between medical care, prevention, and social determinants of health and equity;
- Defining and distinguishing three levels of racism; and
- Describing the relationship between socially-assigned race and self-rated general health status.

[Webcast length: 1 hour, 2 mins.]

MODULE 3: Bias and Stereotyping

INDEX

Implicit Association Test. Developed by Project Implicit.

Jones CP. **Achieving Health Equity: Addressing Racism as a Threat to the Health ...** Genesee County Public Health Week Conference. Flint, MI. April 3, 2012.

Kutob R. **Delivering Culturally Competent Care: Managing Type 2 Diabetes in Diverse Populations.** 2008. University of Arizona College of Medicine.

National Association of City and County Health Officials. **Roots of Inequality: An Online Learning Collaborative.** 2011.

New York-New Jersey Public Health Training Center. **Exploring Cross-Cultural Communication.** 2004.

Race – The Power of an Illusion. Produced by Larry Adelman. San Francisco, CA: California Newsreel; 2003.

Spector RE. **Cultural Diversity in Health and Illness: Online Study Guide.** 2003. Prentice Hall, 6th edition.

Structural Racialization, Implicit Bias and Targeted Universalism. Webcast presentation to the California Endowment by Mr. John Powell, Executive Director of the Kirwan Institute for the Study of Race and Ethnicity at Ohio State University; 2011.

UnderstandingPrejudice.org. Developed by Scott Plous, PhD (Wesleyan University) and the Social Psychology Network.

University of Alabama, Birmingham. **Cultural Competence Online for Medical Practice (CCOMP): A Clinician's Guide to Reduce Cardiovascular Disparities.** National Heart, Lung, and Blood Institute.

MODULE 4:

Effective Communication Skills

Core Learning Objectives ¹	Developmental Sequence ²	Page
K1. Describe cross-cultural communication, cultural competency and health literacy models and the potential interactions between culture and health literacy in patient/client-provider communication	Novice	76
K2. Recognize patients' spiritual and healing traditions and beliefs	Novice-Intermediate	81
S1. Elicit a cultural, social and medical history in the encounter interview in a non-shaming and non-judgmental manner	Novice-Intermediate	100
S2. Assess and enhance adherence, using general and cross-cultural patient/client communication models, health literacy tools, and other health professional assessment tools as appropriate in a non-shaming and non-judgmental manner	Intermediate	101
S3. Elicit patient's/client's full set of concerns and other appropriate information in a patient/client- or family-centered, nonjudgmental context at the outset of the encounter	Intermediate	117
S4. Use negotiating and problem-solving skills in conjunction with general and cross-cultural patient/client communication skills to negotiate a mutual agenda with patient at outset of encounter	Intermediate	125
S5. Practice a "universal precautions" approach with all patients/clients	Advanced	130
A1. Respect patients'/clients' cultural beliefs	Novice-Intermediate	132
A2. Listen nonjudgmentally to health beliefs	Novice-Intermediate	132
A3. Express the attitude that effective communication is essential to the delivery of safe, high quality health care	Advanced	133
A4. Express a non-judgmental, non-shaming and respectful attitude toward individuals with limited literacy (or health literacy) skills	Advanced	134

MODULE 4:

Effective Communication Skills

[Module 4 INDEX](#)

Key Concepts:

- Interaction of culture and health literacy in patient and provider communication
- Spiritual and healing traditions and beliefs
- Cultural, social and medical history-taking
- Universal precautions approach

¹ **Types of Learning Objectives/Competencies:** K: Knowledge; S: Skill; A: Attitude

² **Developmental Sequence:** Novice: Pre-clinical training; Intermediate: Supervised clinical interaction; Advanced: Clinical interaction with limited supervision

[Back to Table of Contents](#)

MODULE 4:

Effective Communication Skills

Learning Objective K1:

Describe Cross-Cultural Communication, Cultural Competency and Health Literacy Models and the Potential Interactions Between Culture and Health Literacy in Patient/Client-Provider Communication
Novice

Web-based Curriculum and Training Modules:

Georgetown University, National Center for Cultural Competence. **Infusing Cultural and Linguistic Competence into Health Promotion Training – Video.**

Available at: <http://nccc.georgetown.edu/projects/sids/dvd/index.html>

90-minute web-based video addresses the following issues:

- Rationale for cultural and linguistic competence;
- Frameworks for achieving cultural and linguistic competence;
- Values, principles and practices of culturally and linguistically competent health promotion training;
- The Health Belief Model; and
- Principles and models for community engagement.

The video also includes training materials (PowerPoint slides and suggested group activities) for facilitating group discussions and training exercises.

MODULE 4:

Effective Communication Skills

Learning Objective K1:

Describe Cross-Cultural Communication, Cultural Competency and Health Literacy Models and the Potential Interactions Between Culture and Health Literacy in Patient/Client-Provider Communication
Novice

Web-based Curriculum and Training Modules:

Medical Library Association. **Health Information Literacy Curriculum**. 2008.
Available at: <http://www.mlanet.org/resources/healthlit/#1>

Curriculum is structured for training health professionals in recognizing the impact of health literacy on patient care and identifying strategies and resources to address it.

The curriculum includes the following components:

- PowerPoint presentation (20-minute and 40-minute versions)
- Detailed script and notes for curriculum presenters
- Background reading
- Tips for developing a learner toolkit
- Sample pre- and post-session evaluation forms

MODULE 4:

Effective Communication Skills

Learning Objective K1:

Describe Cross-Cultural Communication, Cultural Competency and Health Literacy Models and the Potential Interactions Between Culture and Health Literacy in Patient/Client-Provider Communication
Novice

Case Studies (Print and Video):

The Bravewell Collaborative. **Patient-Provider Relationship Training Videos**. 2009.

Available at: <http://videos.bravewell.org/>

A teaching manual (M. Lipkin and S. Stromer) and sample introductory PowerPoint lecture (M. Lipkin) accompany a series of 10 video segments (Middlemarch Films) on the following topics:

- Why do doctor-patient communications matter?
- Therapeutic nature of the medical encounter
- What we know about doctor-patient communications
- Can we teach doctor-patient communications?
- Is there a better way to teach doctor-patient communications?
- The issue of consensus
- Competencies for teaching about communications and healing
- Macy Initiative in Health Communication Core Competencies

The teaching manual provides suggestions on instructional format, group exercises and discussion questions, and lesson plans with teaching objectives. [Video length: 22 mins./segment (173 mins. total)]

MODULE 4:

Effective Communication Skills

Learning Objective K1:

Describe Cross-Cultural Communication, Cultural Competency and Health Literacy Models and the Potential Interactions Between Culture and Health Literacy in Patient/Client-Provider Communication
Novice

Self-Guided Learning Resources:

Eng L. **Advancing Quality Health Care for a Culturally Diverse Female Population: A Cultural Competency Education Initiative for Obstetrician-Gynecologists**. American College of Obstetricians and Gynecologists and the State University of New York at Albany, School of Public Health; 2005.

Available at: <http://www.albany.edu/sph/coned/acog.htm>

Purpose of web-based presentation and accompanying handout is to help learners:

- Effectively integrate cultural competency in an ob-gyn practice;
- Communicate more effectively with patients of diverse cultures;
- Work more effectively with trained interpreters.

Ward E. **The Journey to Cultural Competence**. Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2008.

Available at: <http://tlcprojects.org/NEAT/CulturalCompetence.html>

Web-based interactive module discusses the importance of cultural competence in health care, and utilizes Campinha-Bacote's ASKED model to guide learners through development of a plan for improving one's own cultural competence.

MODULE 4:

Effective Communication Skills

Learning Objective K1:

Describe Cross-Cultural Communication, Cultural Competency and Health Literacy Models and the Potential Interactions Between Culture and Health Literacy in Patient/Client-Provider Communication
Novice

Clinical/Field Application Resources:

Daugherty K. **Improving Patient Safety Through Enhanced Provider Communication**. Denver Health and Hospital Authority and U.S. DHHS Agency for Healthcare Research and Quality.
Available at: <http://www.safecoms.org>

Toolkit introduces communication tools designed to help clinicians and health care professionals implement effective teamwork and communication strategies in their practice settings to improve patient safety. The toolkit includes a framework for specific communication strategies, educational materials, and evaluation and analysis tools.
(Abstract adapted from HHS)

Health Industry Collaboration Effort, Inc. **Better Communication, Better Care: Provider Tools to Care for Diverse Populations**. 2010.
Available at: http://www.iceforhealth.org/library/documents/ICE_C&L_Provider_Toolkit_7.10.pdf

Toolkit provides adaptable resources to assist health providers in communicating across diverse patient/client populations and across language barriers.

Specific tools include communication tip sheets for providers and other clinical staff; tips for identifying and addressing low health literacy; a mnemonic for conducting patient interviews; language identification cards; staff language skill self-assessment tool; and a tip sheet for identifying and working with language interpreters.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Web-based Curriculum and Training Modules:

American Medical Student Association (AMSA) Foundation. **Educational Development for Complementary & Alternative Medicine (EDCAM)**. 2002.

Available at: <http://www.amsa.org/AMSA/Homepage/About/Committees/EDCAM.aspx>

Collection of curriculum resource materials is organized into modules that focus on:

- Introduction to Evidence-Based Complementary and Alternative Medicine;
- Alternative Systems of Medical Thought;
- Clinical Interviewing;
- Mind-Body Medicines; and
- Biologically-Based and Manipulative Therapies

The materials were developed with funding from the NIH, National Center for Complementary and Alternative Medicine.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Web-based Curriculum and Training Modules:

Consortium of Academic Health Centers for Integrative Medicine, Working Group on Education. **Curriculum in Integrative Medicine: A Guide for Medical Educators**. 2004.

Available at: http://www.ahc.umn.edu/cahcm/prod/groups/ahc/@pub/@ahc/documents/asset/ahc_58948.pdf

Curriculum identifies competencies in integrative medicine and provides modules on the following topics:

- Complementary and alternative medicine (CAM) overview
- CAM legal issues
- Interview skills and observed structured clinical examination
- Herbal medicine
- Spirituality
- Mind-body skills
- CAM and evidence-based medicine
- CAM and cross-cultural issues

Koenig HG. **How Can I Incorporate Spirituality into the Curriculum at My Medical School?** 2007. Templeton Press.

Available at: http://www.spirit-health.org/resources_detail.asp?q=46

Outline for integrating spirituality into existing health profession training curricula. The illustrated example is based on medical school curriculum but suggestions are provided for adapting the outline to training programs in other health disciplines. The outline includes structure and timing, form, and recommended content. The suggested curriculum content is based on the author's book: Koenig HG. *Spirituality in Patient Care: Why, How, When, and What*, 2nd ed. (Philadelphia: Templeton Foundation Press, 2007).

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Web-based Curriculum and Training Modules:

Murray J, et al. **Multidisciplinary Training Program for Spiritual Care in Palliative Care**. 2007. University of Queensland and Palliative Care Australia.

Available at: <http://www.palliativecare.org.au/Default.aspx?tabid=1743>

Web-based curriculum materials include a PowerPoint presentation, handouts, instructor's guide, and 14 video vignettes. Free registration is required to access the materials.

Sandor MK, Gerik SM, Marion R. **Spirituality and Clinical Care Course Syllabus**. 2010. University of Texas Medical Branch at Galveston.

Available at: http://inds.utmb.edu/Spirituality_and_Clinical_Care/default.asp

A syllabus, four case studies, and a bibliography were developed for a course targeting interdisciplinary health profession students.

Course objectives include:

- (1) Learning about evidence-based studies on the role of spirituality in patients' healthcare experiences;
- (2) Understanding positive and negative impacts that spirituality (and provider's attitudes toward diverse spiritual perspectives) may have on health and healing;
- (3) Taking a spiritual history and learning when it may be appropriate to consult religious advisors in patient care;
- (4) Understanding ethical issues that may arise; and
- (5) Learning models of empathetic communication with patients and families.

The course also includes a component on spiritual self-care.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Web-based Curriculum and Training Modules:

University of Arizona, Center for Integrative Medicine. **Environmental Medicine: An Integrative Approach**. 2011.

Available at: http://integrativemedicine.arizona.edu/education/online_courses/enviro-med.html

Online course examines the need to consider the impact of environmental factors on health through the use of virtual patient cases, analysis of the strengths and weaknesses of environmental health research, and raising awareness of the environment-related vulnerabilities of certain populations. The free course offers continuing education credits for physicians, nurse practitioners, and physician assistants.

University of California, San Francisco (UCSF), Osher Center for Integrative Medicine. **Integrative Medicine Curriculum**.

Available at: <http://www.osher.ucsf.edu/education/medical.html>

Outline of the required integrative medicine curriculum and course objectives for UCSF medical students, as well as the elective curriculum open to learners from all of the health professional schools at UCSF.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Web-based Curriculum and Training Modules:

University of Maryland, School of Medicine. **Spirituality and Palliative Care.** 2009.

Available at: <http://cancer-research.umaryland.edu/spirituality.htm>

Curriculum notes focus on the importance of spirituality and religion in end-of-life care.

Learning objectives include:

- (1) Understanding the relationship between religion and spirituality and their relationship to the healing process;
- (2) Incorporating spirituality into patient assessments and treatment plans;
- (3) Recognizing when symptoms and behaviors may reflect patients' spiritual pain; and
- (4) Incorporating spiritual advisors into the care team and referring patients for help with spiritual issues.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Web-based Curriculum and Training Modules:

University of Minnesota, Center for Spirituality & Healing. **Healthcare Professional Series on Integrative Therapies..**

Available at: <http://www.csh.umn.edu/modules/index.html>

Set of modules address the following topics:

- Overview of Complementary Therapies
- Spirituality in Healthcare
- Culture, Faith Traditions, and Health
- Overview of Mind-Body Therapies
- Traditional Chinese Medicine
- Introduction to Botanical Medicine

There are also modules that address specific healing practices (i.e., aromatherapy, hypnosis, massage, reflexology). The modules include questions, games, simulations, audio and video clips, and links to additional resources.

University of Texas Medical Branch. **What is Integrative Medicine?**

Available at: <http://cim.utmb.edu/Education/WebCases.aspx>

Content features an overview of UTMB's longitudinal CAM curriculum and learning objectives, sample instructional materials including lectures and online case studies, and sample survey materials to assess the CAM education needs of learners.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Web-based Curriculum and Training Modules:

Wayne E. Oates Institute. **Integrating Spirituality and Health: Self-Study Learning Module**. 2006.

Available at: http://oates.org/olc/0100/modules/spirituality_and_health-01-info.php

Module focuses on encouraging learners to:

- (1) Recognize the role of spirituality in health and healing;
- (2) Facilitate integrative care through interdisciplinary dialogue; and
- 3) Utilize specific methods for taking patients' spiritual history as part of a comprehensive health evaluation.

The module is presented by staff and faculty of the U.S. Department of Veterans Affairs, George Washington University Medical Center, Catholic Health Initiatives, and Hospice and Palliative Care of Louisville. Continuing education credits are approved by the National Board for Certified Counselors.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Web-based Curriculum and Training Modules:

Wintz S, Cooper E. **Cultural and Spiritual Sensitivity: A Learning Module for Health Care Professionals**. 2009. Pastoral Care Leadership and Practice Group of HealthCare Chaplaincy, New York.

Available at: http://www.healthcarechaplaincy.org/userimages/Cultural_Spiritual_Sensitivity_Learning_%20Module%207-10-09.pdf

Module includes self-assessment tools, a case study, post-test, competency validation form, and module evaluation form.

The module's learning objectives include the following:

- Describe various components of cultural and spiritual diversity;
- Understand one's own cultural and spiritual beliefs and their impact on the healthcare decision-making process;
- Demonstrate a culturally and spiritually sensitive approach to care delivery.

A companion document for the module is the "Dictionary of Patients' Spiritual and Cultural Values for Health Care Professionals" (a work in progress), available at: <http://www.healthcarechaplaincy.org/userimages/doc/A-Dictionary-of-Patients'-Spiritual-Cultural-Values-for-Health-Care-Professionals.pdf>.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Case Studies (Print and Video):

American Medical Association. **Use of Complementary and Alternative Treatment by Patients.**

Available at: <http://www.bigshouldersdubs.com/clients/AMA/19-ama-module.htm>

Video clip discusses different types and uses of complementary and alternative therapies and offers recommendations to help health professionals integrate practice strategies for better management of patients who use such therapies. The clip is part of AMA's video series titled "Educating Physicians on Controversies and Challenges in Health." [Video length: 10 min.]

Astrow A, Sulmasy D. **Spirituality, Religious Wisdom and the Care of the Patient: An Instructional DVD.** 2004. The Bioethics Institute of New York Medical College.

Available at: <http://www.nymc.edu/bioethics/spirit.asp>

Video lecture presentation discusses ways in which different religions have different perspectives on medicine and illness. The presentation also seeks to stimulate reflection among learners regarding self-care and their own responses to the demands of providing care to patients. [Video length: 33 min.]

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Case Studies (Print and Video):

Berry KF. **Case Study: Spirituality and the Cognitively Impaired.** Age in Action (Virginia Department of Aging), Winter 2005; 20(1):1-5.
Available at: <http://www.sahp.vcu.edu/vcoa/newsletter/ageaction/agewi05.pdf>

Case study is designed to help learners identify appropriate methods for addressing the spirituality concerns of older adults with cognitive impairment.

(The) Bravewell Collaborative. **The New Medicine Training Videos.** 2006.
Available at: http://www.bravewell.org/integrative_medicine/educational_resources/educational_training_clips/

Six 5-minute training clips (produced by Middlemarch Films for the 2006 PBS series "The New Medicine") address the role of the patient-provider relationship in integrative medicine.

Video clip titles:

- "Being Ill is a Transformative Experience"
- "A Patient's Sense of Abandonment"
- "Every Patient Comes to a Doctor for One Thing"
- "Listening to the Story is Critical"
- "Maeve's Story: One Patient's Experience with the Wrong Doctor"
- "Maeve's Story: The Resolution"

[Video length: six 5 min. clips]

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Case Studies (Print and Video):

Coward H, Sidhu T. **Bioethics for Clinicians: 19. Hinduism and Sikhism.** Canadian Medical Association Journal, October 2000; 163(9):1167-1170.
Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC80253/pdf/20001031s00021p1167.pdf>

An article within a series that emphasizes the diversity of cultural and religious traditions, values and ethical issues that health professionals may encounter and need to consider in clinical practice. Article includes two case studies that describe ethical approaches to communication and care for Hindu and Sikh patients.

Daar AS. **Bioethics for Clinicians: 21. Islamic Bioethics.** Canadian Medical Association Journal, January 2001; 164(1):60-63.
Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC80636/pdf/20010109s00027p60.pdf>

An article within a series that emphasizes the diversity of cultural and religious traditions, values and ethical issues that health professionals may encounter and need to consider in clinical practice. Article includes two case studies that focus on practical measures for providing care to Muslim patients and recognizing the diversity within the Islamic faith.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Case Studies (Print and Video):

Ellman M, et al. **Module Two: Spiritual and Cultural Aspects of Palliative Care and the Interdisciplinary Team**. 2008. Yale University School of Medicine.

Available at: <http://medicine.yale.edu/palliative/online/index.aspx>

Interactive Web-based case study that provides opportunities for learners to reflect and write their thoughts and responses to the clinical case. Learners have the ability to print out their thoughts and reflections after completing the case study, creating an opportunity for a blended learning experience if the resource were accompanied by an in-person curriculum component. As the case study is intended to reflect an interdisciplinary care team approach, it would be well-suited for group discussion involving learners from across the health disciplines.

Goldsand G, Rosenberg ZRS, Gordon M. **Bioethics for Clinicians: 22. Jewish Bioethics**. Canadian Medical Association Journal, January 2001; 164 (2):219-222.

Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC80686/pdf/20010123s00025p219.pdf>

An article within a series that emphasizes the diversity of cultural and religious traditions, values and ethical issues that health professionals may encounter and need to consider in clinical practice. Article includes a case study that addresses some ways in which the practice of Judaism may influence Jewish patients' health care decisions.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Case Studies (Print and Video):

Lie D. **Is Religiosity or Spirituality Protective for Heart Disease?** 2010.
Medscape.

Available at: <http://www.medscape.org/viewarticle/723383>

Case study includes evidence-based commentary and a case response.

Lie D, Hart JA. **A 65-Year-Old Man with Metabolic Syndrome and Hypertension Who Won't Exercise—Would Tai Chi Help?** 2008.
Medscape.

Available at: <http://www.medscape.org/viewarticle/581755>

Case study includes a case resolution and explanation.

Pauls M, Hutchinson RC. **Bioethics for Clinicians: 28. Protestant Bioethics.**
Canadian Medical Association Journal, February 2002; 166(3):339-343.
Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC99316/pdf/20020205s00020p339.pdf>

An article within a series that emphasizes the diversity of cultural and religious traditions, values and ethical issues that health professionals may encounter and need to consider in clinical practice. Article includes two case studies that highlight diversity of bioethical considerations among Protestant faiths despite many commonalities with mainstream bioethics.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Case Studies (Print and Video):

Peterson-Iyer K. **Culturally Competent Care for Muslim Patients**. Santa Clara University, Markkula Center for Applied Ethics.
Available at: <http://www.scu.edu/ethics/practicing/focusareas/medical/culturally-competent-care/muslim-intro.html>

Website features two case studies that reflect common cultural and religious issues that may arise for Muslim immigrant patients in clinical settings. Each case is followed by commentaries from both Muslim and non-Muslim scholars or health professionals.

Rabow M. **Spirituality and Health—What Does the Medical Literature Say?** 2007. University of California San Francisco, Osher Lifelong Learning Institute.
Available at: <http://www.youtube.com/watch?v=A0ucsxP0vUk>

One-hour, video-based presentation on the role of spirituality in health, including discussion of spiritual assessment and spiritual interventions.

Rabow M. **Spirituality and Health Late in Life**. 2008. University of California San Francisco, Osher Lifelong Learning Institute.
Available at: <http://www.youtube.com/watch?v=kt1f5PHaofQ>

One-hour video lecture explores the patient-provider relationship and the impact of spirituality on the health of adults late in life.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Case Studies (Print and Video):

Risk JL. **Spiritual Struggle: Identifying Persons at Spiritual Risk Has Positive Impact on Health Outcomes.** Healing Spirit (publication of the Association of Professional Chaplains), fall 2008.

Available at: <http://www.professionalchaplains.org/uploadedFiles/pdf/Spiritual%20Struggle%20Healing%20Spirit%20fall%202008.pdf>

Article presents two case studies as examples of patients who are at spiritual risk. Article also discusses some research on the impact of "spiritual struggle" on the healing process.

Sulmasy DP. **Evidence-Based Case Review: Addressing the Religious and Spiritual Needs of Dying Patients.** Western Journal of Medicine, October 2001; 175: 251-254.

Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071572/pdf/wjm17500251.pdf>

Article includes a case study for discussion of the role of health providers in regard to patients' spiritual and religious concerns. The article also discusses the evidence base regarding the effectiveness of spiritual and religious interventions for patients nearing the end of life.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Case Studies (Print and Video):

U.S. Department of Health and Human Services, NIH/National Center for Complementary and Alternative Medicine. **Distinguished Lectures in the Science of Complementary and Alternative Medicine.**

Available at: <http://nccam.nih.gov/news/events/lectures/>

Archived lecture series on the evolution of CAM practice and research, and the use of CAM therapies by the public. [Video length: 2 sessions; approx. 1 hour, 15 min./session]

U.S. Department of Health and Human Services, NIH/National Center for Complementary and Alternative Medicine. **Integrative Medicine Research Lectures.**

Available at: <http://nccam.nih.gov/research/consultservice/past.htm>

Lecture series provides perspectives on the research and practice in the complementary and alternative medicine and integrative medicine disciplines. [Video length: 14 videos range from 44 min. to 1 hour, 28 min.]

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Self-Guided Learning Resources:

Georgetown University, National Center for Cultural Competence. **African American Faith-Based Bereavement Initiative: Curriculum.**

Available at: <http://nccc.georgetown.edu/AAFBBI/index.html>

Self-guided learning resource features eight modules that focus on the role of African-American faith communities in providing guidance, support, and healing to families that are coping with the death of an infant child. The resource includes knowledge quizzes, reflective questions, video clips, and supplemental resources and references.

Knight SJ, Kim JJ, Rodin M, Wirpsa J. **Religion, Spirituality, and End of Life Care.** 2004. San Francisco Department of Veterans Affairs Medical Center.

Available at: http://endoflife.northwestern.edu/religion_spirituality/how.cfm

Web-based tutorial addresses the following five topics:

- (1) How to assess spirituality;
- (2) Common needs and goals of spiritual care at the end of life;
- (3) Spiritual pain and suffering;
- (4) Basic skills and techniques in providing spiritual care; and
- (5) three case studies from the perspectives of Hinduism, Buddhism, and Judaism.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Self-Guided Learning Resources:

Lukoff D. **DSM IV Religious & Spiritual Problem**. 2000. Spiritual Competency Resource Center.

Available at: http://www.spiritualcompetency.com/dsm4/course_dsmiv.asp

Online course addresses clinical approaches to working with patients/clients who are experiencing non-pathological issues of religious and spiritual distress. The course guide is available at: <http://www.spiritualcompetency.com/dsm4/dsmrsproblem.pdf>.

Georgetown University, National Center for Cultural Competence. **Body/Mind/Spirit: Toward a Biopsychosocial-Spiritual Model of Health**.

Available at: http://www11.georgetown.edu/research/gucchd/nccc/body_mind_spirit/index.html

Web-based tutorial emphasizes a holistic approach to health and illness, and the interrelationship of spirituality, religion, and the healing process. Other components of the tutorial focus on the spirituality of children; spiritual pain and distress; and assessment of spirituality and religion.

Puchalski CM. **Spiritual Assessment in Clinical Practice**. 2009. George Washington University Medical Center.

Available at: <http://www.gwumc.edu/gwish/ficacourse/out/main.html>

Multimedia tutorial on assessing patients' spiritual beliefs and practices and their potential impact on patients' response to illness. The tutorial includes video and case studies that provide guidance on the use of the FICA spiritual assessment tool, patient-provider communication, appropriate integration of patients' spiritual beliefs and practices into treatment plans, and responding to related challenges.

MODULE 4:

Effective Communication Skills

Learning Objective K2:

Recognize Patients'/Clients' Spiritual and Health Traditions and Beliefs
Novice-Intermediate

Clinical/Field Application Resources:

Anandarajah G, Hight E. **Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spirituality Assessment.** American Family Physician, January 2001; 63(1): 81-89.

Available at: <http://www.aafp.org/afp/2001/0101/p81.html>

Journal article provides a formal tool—the HOPE Questions—for incorporating patients' spiritual concerns into medical practice. The tool includes examples of questions for use in conducting a spirituality assessment.

MODULE 4:

Effective Communication Skills

Learning Objective S1:

**Elicit a Cultural, Social and Medical history in the Encounter
Interview in a Non-Shaming and Non-Judgmental Manner**

Novice-Intermediate

Resources in development.

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Web-based Curriculum and Training Modules:

Shoemaker S, et al. **Advancing Pharmacy Health Literacy Practices Through Quality Improvement: Curricular Modules for Faculty.**

Prepared for U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality; 2011.

Available at: <http://www.ahrq.gov/qual/pharmlitqi/>

Resource is intended to help faculty integrate health literacy into courses, experiential education, and projects for pre-clinical and clinical learners. The modules can be used for lectures, seminars, laboratory classes, and experiential learning. Materials include 17 activity guides, 4 PowerPoint presentations, and a list of supplemental resources.

Module topics address the following four themes:

- Increasing Awareness of Health Literacy
- Improving Communication
- Assessing Health Literacy Practices
- Conducting Health Literacy Quality Improvement

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Case Studies (Print and Video):

American Medical Association. **Data on Race and Ethnicity: How and Why it Should Be Collected in Medical Practices.**

Available at: <http://www.bigshouldersdubs.com/clients/AMA/11-AMA-Ethnicity.htm>

Video clip discusses the challenges and benefits of race and ethnicity data collection for improving the quality of care. The clip is part of AMA's video series titled "Educating Physicians on Controversies and Challenges in Health." [Video length: 10 mins.]

Peters A, Caballero E, Ard JD. **Improving Adherence in Patients from Culturally Diverse Backgrounds with T2DM and Cardiovascular Disease.** 2011. Medscape.

Available at: <http://www.medscape.org/viewarticle/737058>

Web-based video and audio slide presentation (45-minutes) features five patients who briefly describe their challenges in communicating with health providers about diabetes management.

The learning objectives that are covered in the accompanying slide presentation are to:

- Identify patient, practitioners, and systems-level barriers to treatment adherence; and
- Describe practical strategies to improve adherence, patient education, and the provision of culturally competent patient-centered care.

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Self-Guided Learning Resources:

Baumann L, DePablo M. **Readability and Patient Education**. Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System.

Available at: http://tlcprojects.org/NEAT/Readability_final.html

Web-based tutorial uses interactive activities and examples of patient education brochures to address the following learning objectives:

- Identify design principles and writing tips for creating patient education materials;
- Determine and evaluate the readability of patient education materials.

Gurley D, Bonder B, et al. **Cultural Competence for Health Professionals in Geriatric Care**. Care Western Reserve University; 2004.

Available at: <http://www.nethealthinc.com/cultural/>

Series of seven learning modules discuss historical examples of discrimination and miscommunication, and address the following issues:

- Respectful care of patients/clients;
- Medical histories and physical examinations;
- Negotiating treatment and adherence; and
- Development of health care partnerships.

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Clinical/Field Application Resources:

American Medical Student Association (AMSA). **Integrative, Complementary, and Alternative Medicine for Providers of Primary Care**. 2007.

Available at: http://www.amsa.org/AMSA/Libraries/Committee_Docs/camhandbook.sflb.ashx

"Pocket Handbook" illustrates a decision tree on CAM modality selection and integration; defines integrative, complementary and alternative medical systems; defines specific CAM therapies; and provides a nutrient guide. The information contained in the nutrient guide will need to be updated to reflect current dietary recommendations.

Bravewell Collaborative. **Current Practices in Integrative Medicine: Example Intake and Assessment Forms**. 2007.

Available at: http://www.bravewell.org/content/Downloads/IntakeForms_CurrentPractices.pdf

Sample intake and assessment forms that are intended to incorporate the principles of integrative medicine.

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Clinical/Field Application Resources:

Ehman J. **M.E.D.S. – A Strategy for the Spiritual Support of Patients by Health Care Providers**. University of Pennsylvania Health System. 2010 (rev. 2011).

Available at: <http://www.uphs.upenn.edu/pastoral/resed/MEDS.pdf>

A mnemonic device that “focuses on the dynamics of meaning, emotion, distress and spirituality for patients.” The strategy is intended to be applicable across spiritual and religious diversity and can help practitioners to glean additional patient information that is relevant to the clinical encounter.

Ehman J. **Religious Diversity: Practical Points for Health Care Providers**. Hospital of the University of Pennsylvania & Penn Presbyterian Medical Center, Department of Pastoral Care. 2007 (rev. 2009).

Available at: http://www.uphs.upenn.edu/pastoral/resed/Diversity_Guide.pdf

Tip sheet provides some general practical points for health professionals to be mindful of when caring for patients who follow Buddhist, Catholic, Hindu, Jehovah’s Witness, Jewish, Muslim, or Pentecostal religious traditions.

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Clinical/Field Application Resources:

Ehman J. **References to Spirituality, Religion, Beliefs, and Cultural Diversity in JCAHO's 2011 Comprehensive Accreditation Manual for Home Care.** University of Pennsylvania Health System. 2011.

Available at: http://www.uphs.upenn.edu/pastoral/resed/JCAHO_Spirit_refs_2011_HOME_CARE.pdf

Quick reference of Joint Commission home care accreditation standards that pertain to issues of spirituality, religion, and cultural beliefs and diversity.

Ehman J. **References to Spirituality, Religion, Beliefs, and Cultural Diversity in JCAHO's 2011 Comprehensive Accreditation Manual for Hospitals.** University of Pennsylvania Health System. 2011.

Available at: <http://www.uphs.upenn.edu/pastoral/resed/JCAHOrefs.pdf>

Quick reference of Joint Commission hospital accreditation standards that pertain to issues of spirituality, religion, and cultural beliefs and diversity.

Ehman J. **Spiritual Distress in Patients: A Guideline for Health Care Providers.** 1998 (rev. 2006). University of Pennsylvania Health System.

Available at: http://www.uphs.upenn.edu/pastoral/resed/spirit_assess_long.pdf

Chart lists possible indicators of spiritual distress that may impact a patient's care. The indicators are grouped with corresponding questions that a health professional could pose while seeking additional information relevant to the patient's health assessment.

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Clinical/Field Application Resources:

Health Research and Educational Trust. **A Toolkit for Collecting Race, Ethnicity, and Primary Language Information from Patients.** 2007.
Available at: <http://www.hretdisparities.org/Staf-4190.php>

Toolkit contains general guidelines (including a “response matrix”) to use in a service delivery setting when collecting data on patients’/clients’ self-identified race, ethnicity, and primary language. The resource also provides tips on how to address patients’/clients’ concerns about data collection.

LaRocca-Pitts M. **A Spiritual History Tool: FACT.** 2007. Athens Regional Medical Center.
Available at: <http://www.professionalchaplains.org/uploadedFiles/pdf/FACT%20Spiritual%20History%20Larocca%20Pitts.pdf>

Tool describes how to use the FACT approach to taking a patient/client’s spiritual history and assessment. Samples questions and general guidelines are provided.

Spanish translation of the tool is available at: <http://www.professionalchaplains.org/uploadedFiles/pdf/FACT%20Spiritual%20History%20Spanish.pdf>

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Clinical/Field Application Resources:

Marie Curie Cancer Care. **Spiritual and Religious Care Competencies for Specialist Palliative Care**. 2010.

Available at: <http://www.mariecurie.org.uk/Documents/HEALTHCARE-PROFESSIONALS/spritual-religious-care-competencies.pdf>

An adaptable assessment tool to aid in evaluating health providers' competence in spiritual and religious care. The competencies included in the tool are endorsed by the Association of Hospice and Palliative Care Chaplains (United Kingdom).

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Clinical/Field Application Resources:

New York State Office of Mental Health and the Nathan Kline Institute for Psychiatric Research. **A Pastoral Education Workbook: Responding to the Mental Health Needs of Multicultural Faith Communities**. 2011.

Available at: <http://ssrdqst.rfmh.org/cecc/sites/ssrdqst.rfmh.org.cecc/UserFiles/mentalhealthworkbook101711A.pdf>

Workbook includes narrative vignettes and practical tools (“need to refer” questionnaire) to help religious leaders work with and refer members of their faith communities to behavioral health professionals. The workbook also includes questions regarding cultural, religious and spiritual concerns that religious leaders can be helpful in providing information about on behalf of their community members.

The accompanying guide (<http://ssrdqst.rfmh.org/cecc/sites/ssrdqst.rfmh.org.cecc/UserFiles/mentalhealthclergyguide101711A.pdf>) identifies and discusses four pathways that religious leaders might follow in their response to addressing behavioral health care needs in the faith community. The guide includes narrative vignettes for each of the four pathways. Brief facilitator notes for instructors are also provided.

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Clinical/Field Application Resources:

Pathways to Wellness Program and Harborview Medical Center (WA). **Toolkit for Primary Care Providers Treating Refugees**. 2011.

Available at: <http://ethnomed.org/clinical/refugee-health/toolkit-for-primary-care-providers-treating-refugees>

Toolkit includes information about medical assessments conducted as part of the refugee resettlement process and screening guidelines for newly arriving refugees. Although the toolkit is tailored for use in the Seattle, Washington area, it includes some guidelines on adapting it to other communities.

Puchalski CM. **FICA Spiritual History Tool**. 2009. George Washington Institute for Spirituality and Health.

Available at: <http://www.gwumc.edu/gwish/clinical/fica.cfm>

Tool is a guide for health professionals when taking an initial spiritual history and conducting follow-up spiritual assessments and conversations with patients/clients.

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Clinical/Field Application Resources:

Reeves M. **Spiritual Care and Emotional Support in Healthcare: Physician's Manual**. 2008. University of California San Diego, Medical Center.

Available at: <http://www.gwumc.edu/gwish/soerce/resources.cfm?ResourceID=A2F9F19B-5056-9D20-3D852182C301C5BC>

Manual may serve as an adaptable model for spiritual care of patients by health professionals in various disciplines and health settings. Topics addressed in the manual include the following:

- Patient-provider relationship in healthcare
- Aspects of spiritual care and emotional support in healthcare
- Identifying spiritual and emotional needs of patients and families
- Patient spiritual assessment policy and procedure
- When to call for a spiritual care provider
- Healthcare at the end of life
- Death, dying, and bereavement

The manual also includes examples of assessment questions that are associated with the FICA and HOPE approaches to spiritual assessment. A sample spiritual assessment form is provided. In addition, the manual provides tips on what to say and what not to ask or say when speaking to grieving patients and families.

Free registration is required to access the manual.

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Clinical/Field Application Resources:

Searight HR, Gafford J. **Cultural Diversity at the End of Life: Issues and Guidelines for Family Physicians**. American Family Physician, February 2005; 71(3):515-522.

Available at: <http://www.aafp.org/afp/2005/0201/p515.html>

Resource discusses several clinical recommendations related to communication with patients and families about end-of-life care issues. Includes very brief guidelines for conducting medical interviews through translators, and provides suggestions for culturally-sensitive interview questions on end-of-life topics and potential solutions for addressing issues that may arise during the interview.

University of Maryland Medical Center. **Medical Alternative Medicine Index**.

Available at: <http://www.umm.edu/altmed/>

Interactive Web guide allows the user to find complementary and alternative medicine information by treatment approach, condition/symptom, and herb or supplement name.

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Clinical/Field Application Resources:

University of Massachusetts Medical School. **Resources to Implement Cross-Cultural Clinical Practice Guidelines for Medicaid Practitioners: Physician Toolkit and Curriculum.** 2004.

Available at: <http://minorityhealth.hhs.gov/assets/pdf/checked/toolkit.pdf>

Toolkit introduces primary care practitioners to the fundamentals of cross-cultural practice.

Sections of the toolkit suggest practical steps and processes related to the following topic areas:

- Overview of Health Disparities
- Cultural Considerations in Health Care
- Clinical Assessment Processes
- Treatment Planning and Adherence
- Patient Communication and Education
- Clinical Decision-making
- Organizational Supports and System Tools

The toolkit's appendices include a sample cultural assessment tool, a summary mnemonic devices for patient medical interviews, and sample case studies of cultural competence quality improvement plans.

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Clinical/Field Application Resources:

University of Pennsylvania Health System. **Assessment for Spiritual Distress**. Penn Health Management – Program for Care at End of Life. 1999.

Available at: <http://www.uphs.upenn.edu/pastoral/resed/UPHS%20spiritual%20assessment.pdf>

Brief assessment instrument provides a short list of indicators and follow-up questions for practitioners to ask of patients who may be experiencing spiritual distress.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. **Simply Put: A Guide for Creating Easy-to-Understand Materials**. 2010.

Available at: http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf

Guide addresses the following elements:

- Communication planning
- Clear messaging
- Text, visuals, and layout design
- Cultural considerations
- Translation
- Testing for readability

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Clinical/Field Application Resources:

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. **Toolkit for Making Written Material Clear and Effective**. 2010.

Available at: <http://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html?redirect=/writtenmaterialstoolkit/>

Toolkit aims to help its users develop printed health information materials that are easy for the intended audience to read and understand.

The toolkit addresses the following issues:

- Using a reader-centered approach
- Guideline for writing
- Guidelines for design
- Guidelines for translation
- Using readability formulas
- Writing and designing materials for the Web
- Material for senior audiences
- Collecting and using feedback from the reader audience

U.S. Department of Health and Human Services, Health Resources and Services Administration. **Clear Health Communication Checklist: Job Aid**.

Available at: http://pilot.train.hrsa.gov/uhc/pdf/module_02_job_aid_clear_health_comm_checklist.pdf

Tool to help practitioners ensure that written health education materials provided to patients/clients include essential content, clear organization, and appropriate language and writing style.

MODULE 4:

Effective Communication Skills

Learning Objective S2:

Assess and Enhance Adherence, Using General and Cross-Cultural Patient/Client Communication Models, Health Literacy Tools, and Other Physician Assessment Tools as Appropriate in a Non-Shaming and Non-Judgmental Manner

Intermediate

Clinical/Field Application Resources:

U.S. Department of Health and Human Services, NIH/National Center for Complementary and Alternative Medicine. **“Time to Talk” Toolkit**. Available at: <http://nccam.nih.gov/timetotalk/forphysicians.htm>

Toolkit provides tips and educational materials to help health care providers and patients/clients openly discuss health care practices, including use of complementary and alternative medicine.

Weber T, Levin LK (eds.) **Medical Provider's Guide to Managing Care of Domestic Violence Patients within Cultural Context** (2nd edition). City of New York, Mayor's Office to Combat Domestic Violence. Available at: http://www.nyc.gov/html/ocdv/downloads/pdf/providers_dv_guide.pdf

Manual provides practical suggestions for optimizing communication and domestic violence screening for patients/clients from different cultures. Sample domestic violence screening tools are illustrated and efficient management of the screening process is discussed.

The manual also includes practical exercises regarding the care of diverse patients who disclose domestic violence.

MODULE 4:

Effective Communication Skills

Learning Objective S3:

Elicit Patient's/Client's Full Set of Concerns and Other Appropriate Information in a Patient/Client- or Family-Centered, Non-Judgmental Context at the Outset of the Encounter

Intermediate

Case Studies (Print and Video):

Akinboboye O. **A Practical Guide to Improving Adherence in African American Patients Who Have Hypertension**. 2010. Medscape.
Available at: <http://www.medscape.org/viewarticle/728372>

Interactive case study includes questions to test learners' current knowledge, provides evidence-based information to enhance knowledge base, and offers a post-test activity.

American Medical Association Foundation. **Health Literacy and Patient Safety: Help Patients Understand**. 2007.
Available at: <http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/health-literacy-program/health-literacy-kit.page>

Video is part of the American Medical Association Foundation's Health Literacy Kit which includes two web-based videos and an accompanying manual (both videos and the manual are available at the link provided).

This particular video depicts physicians and office staff interacting with real patients who are challenged by limited health literacy.
[Video length: 23 min.]

MODULE 4:

Effective Communication Skills

Learning Objective S3:

Elicit Patient's/Client's Full Set of Concerns and Other Appropriate Information in a Patient/Client- or Family-Centered, Non-Judgmental Context at the Outset of the Encounter

Intermediate

Case Studies (Print and Video):

American Medical Association Foundation. **Low Health Literacy: You Can't Tell by Looking**. 2001.

Available at: <http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/health-literacy-program/health-literacy-kit.page>

Video is part of the American Medical Association Foundation's Health Literacy Kit which includes two web-based videos and an accompanying manual (both videos and the manual are available at the link provided). This particular video suggests specific steps that physicians and office staff can take to help patients who have limited health literacy.

[Video length: 18 min.]

Bhatt DL, Paul-Pletzer K. **Partners in Care: Improving Disparities in Care and Fostering Adherence in Cardiovascular Patients**. 2012. Medscape.

Available at: <http://www.medscape.org/viewarticle/759198>

Interactive case study discusses economic and cultural barriers to adherence to cardiovascular medication, strategies to improve adherence, and use of evidence-based guidelines to reduce disparities in cardiovascular care of racial/ethnic minorities and women.

Case study includes questions to test learners' current knowledge, provides evidence-based information to enhance knowledge base, and offers a post-test activity.

MODULE 4:

Effective Communication Skills

Learning Objective S3:

Elicit Patient's/Client's Full Set of Concerns and Other Appropriate Information in a Patient/Client- or Family-Centered, Non-Judgmental Context at the Outset of the Encounter

Intermediate

Case Studies (Print and Video):

Cohen MR, Olson BL, Pangilinan JM. **Drug Mix-Ups Threaten Patient Safety**. 2008. Medscape.

Available at: <http://www.medscape.org/viewarticle/573465>

Interactive case study includes a discussion about considerations of patient health literacy and cultural beliefs for effective promotion of medication adherence.

Case study features questions to test learners' current knowledge and provides evidence-based information to enhance knowledge base.

Dixon LB, Hamilton LA, Levy RA. **Improving Outcomes of Pharmacotherapy in Minority Patients with Psychosis**. 2009. Medscape.

Available at: <http://www.medscape.org/viewarticle/590170>

Interactive case study discusses racial, ethnic, and cultural considerations in diagnosis of psychosis, selection of drug therapy, and dosage and administration of drug therapy; the importance of non-pharmacologic factors in adherence to therapy; and suggestions for improving therapeutic adherence.

Case study includes video vignettes of patient encounters, features questions to test learners' current knowledge, and provides evidence-based information to enhance knowledge base.

MODULE 4:

Effective Communication Skills

Learning Objective S3:

Elicit Patient's/Client's Full Set of Concerns and Other Appropriate Information in a Patient/Client- or Family-Centered, Non-Judgmental Context at the Outset of the Encounter

Intermediate

Case Studies (Print and Video):

Lie D. **Cases in Health Disparity: Colorectal Cancer Screening**. 2009. Medscape.

Available at: <http://www.medscape.org/viewarticle/587822>

Case study focuses on adherence to colorectal cancer screening and includes an evidence-based discussion and a commentary on the case.

Smiley DD. **Overcoming Nonadherence to Diabetes Treatment in Ethnic Minorities: A Case Presentation**. 2010. Medscape.

Available at: <http://www.medscape.org/viewarticle/732108>

Interactive case study includes questions to test learners' current knowledge, provides evidence-based information to enhance knowledge base, and offers a post-test activity.

MODULE 4:

Effective Communication Skills

Learning Objective S3:

Elicit Patient's/Client's Full Set of Concerns and Other Appropriate Information in a Patient/Client- or Family-Centered, Non-Judgmental Context at the Outset of the Encounter

Intermediate

Case Studies (Print and Video):

Weiss BD. **Health Literacy and Patient Safety: Help Patients Understand—Manual for Clinicians**. 2009 (2nd edition). American Medical Association Foundation.

Available at: <http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/health-literacy-program/health-literacy-kit.page>

Manual is part of the American Medical Association Foundation's Health Literacy Kit which includes two web-based videos that accompany the manual (both the manual and the videos are available at the link provided).

The manual addresses the following learning objectives:

- Define the scope of the health literacy problem;
- Recognize health system barriers faced by patients with limited health literacy;
- Improve methods of verbal and written communication; and
- Implement practical strategies to create a shame-free health care environment.

MODULE 4:

Effective Communication Skills

Learning Objective S3:

Elicit Patient's/Client's Full Set of Concerns and Other Appropriate Information in a Patient/Client- or Family-Centered, Non-Judgmental Context at the Outset of the Encounter

Intermediate

Self-Guided Learning Resources:

Kripalani S, Jacobson KL. **Strategies to Improve Communication Between Pharmacy Staff and Patients: Training Program for Pharmacy Staff.**

U.S. DHHS Agency for Healthcare Research and Quality and Robert Wood Johnson Foundation; 2007.

Available at: <http://www.ahrq.gov/qual/pharmlit/pharmtrain.htm>

The training program is designed to introduce pharmacists to the problem of low health literacy in patient populations and to identify the implications of this problem for the delivery of health care services. The program also explains techniques that pharmacy staff members can use to improve communication with patients who may have limited health literacy skills.

(Abstract from HHS)

Michigan Public Health Training Center. **Health Literacy and Immunizations: Working at the Local Public Health Level.** 2011.

Available at: https://practice.sph.umich.edu/mphtc/site.php?module=courses_one_online_course&id=434

Webcast learning objectives include the following:

- (1) Recognizing who is affected by health literacy;
- (2) Identifying consequences of limited health literacy; and
- (3) Applying lessons learned to improve immunization-related health literacy.

Continuing education credit is available.

(Abstract adapted from Michigan Public Health Training Center)

[Return to Start of Module 4](#)

[Back to Table of Contents](#)

MODULE 4:

Effective Communication Skills

Learning Objective S3:

Elicit Patient's/Client's Full Set of Concerns and Other Appropriate Information in a Patient/Client- or Family-Centered, Non-Judgmental Context at the Outset of the Encounter

Intermediate

Self-Guided Learning Resources:

Midwest Center for Life-Long-Learning in Public Health. **Culture and Health Literacy: Beyond Access.** University of Minnesota School of Public Health. Available at: <http://www.sph.umn.edu/details/course/7820/>

Web-based training (audio only) discusses how inequalities in the generation, manipulation, and dissemination of health information impacts the ability of diverse social and cultural communities to use and respond to such information.

Accompanying case studies that illustrate what communities can do to improve health literacy are available at: <http://www.sph.umn.edu/details/course/7821/>.

Continuing education credit is available.

South Central Public Health Partnership. **The Role of Health Literacy in Disaster Preparedness.**

Available at: http://moodle01.southcentralpartnership.org/scphp/mycourse_desc.php?id=89

Web-based course discusses models and practical strategies for effective risk communication during emergency situations.

MODULE 4:

Effective Communication Skills

Learning Objective S3:

Elicit Patient's/Client's Full Set of Concerns and Other Appropriate Information in a Patient/Client- or Family-Centered, Non-Judgmental Context at the Outset of the Encounter

Intermediate

Clinical/Field Application Resources:

National Patient Safety Foundation, Partnership for Clear Health Communication. **Words to Watch—Fact Sheet**. Ask Me 3: Good Questions for Your Good Health.

Available at: http://www.npsf.org/wp-content/uploads/2011/12/AskMe3_WordsToWatch_English.pdf

Charts provide examples of plain language word alternatives for four types of words that patients may commonly misunderstand within a healthcare context: medical words, concept words, category words, and value judgment words. A Spanish language version is available at: http://www.npsf.org/wp-content/uploads/2011/12/AskMe3_WordsToWatch_Spanish.pdf

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **Health Literacy Measurement Tools**. 2009.

Available at: <http://www.ahrq.gov/populations/sahlsatool.htm>

A link to two quick tests in Spanish and English that help give health providers an idea of an individual's capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions. The two tests are the Rapid Estimate of Adult Literacy in Medicine—Short Form (REALM-SF) and the Short Assessment of Health Literacy for Spanish [Speaking] Adults (SAHLSA-50). The aspect of health literacy measured by each test is a patient/client's reading comprehension in a medical context. Both tests have been validated.

(Abstract adapted from HHS)

MODULE 4:

Effective Communication Skills

Learning Objective S4:

Use Negotiating and Problem-Solving Skills in Conjunction With General and Cross-Cultural Patient/Client Communication Skills to Negotiate A Mutual Agenda With Patient at Outset of Encounter

Intermediate

Web-based Curriculum and Training Modules:

Brown D, et al. **Cultural Competency Observational Tool**. 2012.

Available at: [http://www.fmdrl.org/index.cfm?event=c.beginBrowseD&clearSelections=1&criteria=cultural competence#3937](http://www.fmdrl.org/index.cfm?event=c.beginBrowseD&clearSelections=1&criteria=cultural%20competence#3937)

Observational assessment tool provides a rubric that can be used by instructors to measure learners' skill level pertaining to elements of patient-centered communication.

Specific elements that are measured are:

- Greeting and connecting with the patient;
- Establishing the focus or reasons for the visit;
- Seeking to understand the patient's explanatory model;
- Sharing information;
- Negotiating agreement;
- Providing closure to the visit;
- Language appropriateness;
- Non-verbal behavior promoting comfort;
- Sensitivity to cultural context of patient's health issues; and
- Professional regard.

MODULE 4:

Effective Communication Skills

Learning Objective S4:

Use Negotiating and Problem-Solving Skills in Conjunction With General and Cross-Cultural Patient/Client Communication Skills to Negotiate A Mutual Agenda With Patient at Outset of Encounter

Intermediate

Web-based Curriculum and Training Modules:

Lim RF, Koike AK, Gellerman DM, Seritan AL, Servis ME, Lu FG. **A Four-Year Model Curriculum on Culture, Gender, LGBT, Religion, and Spirituality for General Psychiatry Residency Training Programs in the U.S.** 2010.

Submitted to the American Association of Directors of Psychiatric Residency Training (AADPRT).

Available at: <http://www.psych.org/Share/OMNA/Minority-Council/Cultural-Competence-Curriculum.aspx?FT=.pdf>

Curriculum focuses on sociocultural issues that lie within the broad topic areas of patient care, medical knowledge, interpersonal and communication skills, professionalism, and systems-based care.

The goals of the curriculum are as follows:

- Understand the impact of culture on assessment/formulation, diagnosis, and treatment of mental disorders.
- Improve treatment outcomes of all patients by bridging the patient's worldview and the clinician's treatment plan.
- Reduce mental health disparities through specific skills and knowledge to effectively treat all under-served groups.

The curriculum outlines specific knowledge, skill, and attitude learning objectives that pertain to the three goals, along with suggested year of residency training. In addition, various instructional methods and examples are discussed.

MODULE 4:

Effective Communication Skills

Learning Objective S4:

Use Negotiating and Problem-Solving Skills in Conjunction With General and Cross-Cultural Patient/Client Communication Skills to Negotiate A Mutual Agenda With Patient at Outset of Encounter

Intermediate

Case Studies (Print and Video):

Center for International Rehabilitation Research Information and Exchange (CIRRIE). **Interprofessional Simulation Cases for Cultural Competence.** State University of New York, University at Buffalo.
Available at: <http://cirrie.buffalo.edu/culture/simulations/>

Resource provides six client scenarios with guidance on how to construct simulated client encounters around each scenario using either manikins or standardized patients. The scenario topics focus on the rehabilitation care experiences of foreign-born patients/clients, with an emphasis on issues related to cross-cultural communication, and cultural influences on health care and treatment adherence.

Each case scenario includes recommended performance measures; a brief description of the scenario for learners; imbedded challenges; skills, tasks and procedures; roles and staging; patient information; suggested progression of events; and an outline for the debriefing discussion.

MODULE 4:

Effective Communication Skills

Learning Objective S4:

Use Negotiating and Problem-Solving Skills in Conjunction With General and Cross-Cultural Patient/Client Communication Skills to Negotiate A Mutual Agenda With Patient at Outset of Encounter

Intermediate

Self-Guided Learning Resources:

Institute for Healthcare Improvement. **Patient- and Family-Centered Care 101: Dignity and Respect**. 2011.

Available at: <http://app.ihl.org/lms/coursedetailview.aspx?CourseGUID=8eb52137-21d7-4b30-afcd-fd781de6d6d5&CatalogGUID=6cb1c614-884b-43ef-9abd-d90849f183d4>

Online course defines patient- and family-centered care and describes specific skills for treating patients and families with dignity and respect, ensuring privacy and confidentiality, and respecting patients' and families' cultures, languages, and belief systems. Continuing education credits are available for multiple disciplines.

Van Schaik E, Roat CE. **Culture and End of Life Care: Collaborating with Interdisciplinary Partners**. 2010. Talaria, Inc.

Available at: http://www.vlh.com/shared/courses/course_info.cfm?courseno=113

Web-based interactive course focuses on strategies for working with an interpreter, assessing patients' spiritual needs, negotiating with patients and incorporating their perspectives into a treatment plan, collaborating with providers of complementary and alternative medicine, and resolving interdisciplinary conflict. Continuing education credit is available.

MODULE 4:

Effective Communication Skills

Learning Objective S4:

Use Negotiating and Problem-Solving Skills in Conjunction With General and Cross-Cultural Patient/Client Communication Skills to Negotiate A Mutual Agenda With Patient at Outset of Encounter

Intermediate

Self-Guided Learning Resources:

Van Schaik E. **Culture and End of Life Care: Conversations with Patients and Families**. 2010. Talaria, Inc.

Available at: http://www.vlh.com/shared/courses/course_info.cfm?courseno=114

Web-based interactive course focuses on addressing patients' issues and questions regarding end-of-life care, resolving related ethical issues, and negotiating treatment plans for patients who seek to incorporate complementary and alternative medicine into their treatment regimens. Continuing education credit is available.

MODULE 4:

Effective Communication Skills

Learning Objective S5:

Practice a “Universal Precautions” Approach With All Patients/Clients
Advanced

Web-based Curriculum and Training Modules:

Stanford University School of Medicine, Stanford Geriatric Education Center.

Improving Communication with Elders of Different Cultures.

Available at: <http://sgec.stanford.edu/training/cultures.html>

Brief module uses three patient scenarios for the learner to identify the most culturally sensitive response to a particular situation, with additional information provided in response to each answer choice.

The module addresses the following learning objectives:

- 1) Recognize barriers to communication;
- 2) List culturally acceptable approaches to elicit information from an older person of any ethnic background;
- 3) Describe a culturally sensitive approach to interviewing that promotes shared decision-making and mutual respect between the ethnic older person and the health care provider;
- 4) Identify significant cultural and historical experiences of minority older adults; and
- 5) Explain the effects of these experiences on the older person's help-seeking behavior.

MODULE 4:

Effective Communication Skills

Learning Objective S5:

Practice a “Universal Precautions” Approach With All Patients/Clients
Advanced

Self-Guided Learning Resources:

Van Schaik E. **Culture and End of Life Care: Patients’ Beliefs and Values.**
2010. Talaria, Inc.

Available at: http://www.vlh.com/shared/courses/course_info.cfm?courseno=112

Web-based interactive course focuses on using the L.E.A.R.N. mnemonic as an approach to addressing patients’ culturally- and spiritually-based goals and preferences related to end-of-life care.

Continuing education credit is available.

Clinical/Field Application Resources:

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **Health Literacy Universal Precautions Toolkit;**
2010.

Available at: <http://www.ahrq.gov/qual/literacy/>

Toolkit offers adult and pediatric healthcare practices a way to assess their services for health literacy considerations and raise awareness of staff about the issue. The toolkit provides an implementation guide for removing literacy-related barriers in the healthcare practice and ensuring that all providers and staff are demonstrating clear communication practices with patients/clients.

(Abstract adapted from HHS)

MODULE 4:

Effective Communication Skills

Learning Objective A1:

Respect Patients'/Clients' Cultural Beliefs

Novice-Intermediate

Resources in development.

Learning Objective A2:

Listen Non-Judgmentally to Health Beliefs

Novice-Intermediate

Resources in development.

MODULE 4:

Effective Communication Skills

Learning Objective A3:

Express the Attitude that Effective Communication Is Essential to the Delivery of Safe, High-Quality Health Care

Advanced

Clinical/Field Application Resources:

University of Illinois at Urbana-Champaign, Early Childhood Research Institute on Culturally and Linguistically Appropriate Services. **CLAS Review Guidelines.**

Available at: <http://www.clas.uiuc.edu/review/index.html>

Series of web-based brochures that feature guidelines to help practitioners select culturally and linguistically appropriate educational materials to address the needs of families with children in the early childhood stage or children with special needs.

Some of the topic areas include:

- Hearing impairment;
- Visual impairment;
- Motor development;
- Translation;
- Family information gathering; and
- Family support network.

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. **Health Communication Activities: Quick Guide to Health Literacy.**

Available at: <http://www.health.gov/communication/literacy/quickguide/>

Web-based guide briefly discusses strategies to address the following concerns pertaining to health literacy:

- Improve the usability of health information;
- Improve the usability of health services;
- Build knowledge (of practitioners and consumers) to improve health decision-making; and
- Advocate for health literacy within the health organization.

MODULE 4:

Effective Communication Skills

Learning Objective A4:

**Express a Non-Judgmental, Non-Shaming and Respectful attitude
Toward Individuals With Limited Literacy (or Health Literacy) Skills**

Advanced

Resources in development.

MODULE 4:

Effective Communication Skills

INDEX

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American Medical Association. **Data on Race and Ethnicity: How and Why it Should Be Collected in Medical Practices.**

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MODULE 4:

Effective Communication Skills

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Bhatt DL, Paul-Pletzer K. **Partners in Care: Improving Disparities in Care and Fostering Adherence in Cardiovascular Patients.** 2012. Medscape.

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Daugherty K. **Improving Patient Safety Through Enhanced Provider Communication.** Denver Health and Hospital Authority and U.S. DHHS Agency for Healthcare Research and Quality.

Dixon LB, Hamilton LA, Levy RA. **Improving Outcomes of Pharmacotherapy in Minority Patients with Psychosis.** 2009. Medscape.

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MODULE 4:

Effective Communication Skills

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Ehman J. **References to Spirituality, Religion, Beliefs, and Cultural Diversity in JCAHO's 2011 Comprehensive Accreditation Manual for Home Care.** University of Pennsylvania Health System. 2011.

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Georgetown University, National Center for Cultural Competence. **African American Faith-Based Bereavement Initiative: Curriculum.**

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Georgetown University, National Center for Cultural Competence. **Infusing Cultural and Linguistic Competence into Health Promotion Training – Video.**

MODULE 4:

Effective Communication Skills

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MODULE 4:

Effective Communication Skills

Lie D. **Is Religiosity or Spirituality Protective for Heart Disease?** 2010. Medscape.

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MODULE 4:

Effective Communication Skills

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MODULE 4:

Effective Communication Skills

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The Bravewell Collaborative. **Patient-Provider Relationship Training Videos**. 2009.

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MODULE 4:

Effective Communication Skills

University of Arizona, Center for Integrative Medicine. **Environmental Medicine: An Integrative Approach.** 2011.

University of California, San Francisco (UCSF), Osher Center for Integrative Medicine. **Integrative Medicine Curriculum.**

University of Illinois at Urbana-Champaign, Early Childhood Research Institute on Culturally and Linguistically Appropriate Services. **CLAS Review Guidelines.**

University of Maryland Medical Center. **Medical Alternative Medicine Index.**

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University of Minnesota, Center for Spirituality & Healing. **Healthcare Professional Series on Integrative Therapies.**

University of Pennsylvania Health System. **Assessment for Spiritual Distress.** Penn Health Management – Program for Care at End of Life. 1999.

University of Texas Medical Branch. **What is Integrative Medicine?**

Upper Midwest Public Health Training Center. **Cultural Competence and WIC Nutrition Assessment: How Culture Affects Food Beliefs and Practices.**

Upper Midwest Public Health Training Center. **Cross-Cultural Communication and Nutrition Assessment.**

MODULE 4:

Effective Communication Skills

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U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **Health Literacy Universal Precautions Toolkit**; 2010.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. **Simply Put: A Guide for Creating Easy-to-Understand Materials**. 2010.

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. **Toolkit for Making Written Material Clear and Effective**. 2010.

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U.S. Department of Health and Human Services, NIH/National Center for Complementary and Alternative Medicine. **Distinguished Lectures in the Science of Complementary and Alternative Medicine**.

U.S. Department of Health and Human Services, NIH/National Center for Complementary and Alternative Medicine. **Integrative Medicine Research Lectures**.

U.S. Department of Health and Human Services, NIH/National Center for Complementary and Alternative Medicine. **“Time to Talk” Toolkit**.

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. **Health Communication Activities: Quick Guide to Health Literacy**.

MODULE 4:

Effective Communication Skills

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Van Schaik E. **Culture and End of Life Care: Conversations with Patients and Families**. 2010. Talaria, Inc.

Van Schaik E. **Culture and End of Life Care: Patients' Beliefs and Values**. 2010. Talaria, Inc.

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MODULE 5: Use of Interpreters

Core Learning Objectives ¹	Developmental Sequence ²	Page
K1. Describe functions of an interpreter	Novice-Intermediate	146
K2. List effective ways of working with an interpreter	Novice-Intermediate	147
S1. Demonstrate ability to orally communicate accurately and effectively in patients' preferred language, including identifying and collaborating with an interpreter when appropriate	Intermediate	150

[Module 5 INDEX](#)

Key Concept:

- Effective collaboration with an interpreter

¹ **Types of Learning Objectives/Competencies:** K: Knowledge; S: Skill; A: Attitude

² **Developmental Sequence:** Novice: Pre-clinical training; Intermediate: Supervised clinical interaction; Advanced: Clinical interaction with limited supervision

MODULE 5: Use of Interpreters

Learning Objective K1:

Describe Functions of an Interpreter

Novice-Intermediate

Resources in development.

MODULE 5: Use of Interpreters

Learning Objective K2:

List Effective Ways of Working With an Interpreter

Novice-Intermediate

Case Studies (Print and Video):

Lie D. **Cases in Health Disparities: Informed Consent and Amputation in a Farmer with Diabetes**. 2009. Medscape.

Available at: <http://www.medscape.org/viewarticle/701714>

Case study on language barriers and interpretation services includes evidence-based commentary, a case resolution, and additional information resources for clinicians.

Truemann B. **Qualified Interpreting for Quality Health Care: A Training Video for Clinical Staff on How to Work with Interpreters**. Health Care Interpreter Network.

Available at: <http://www.hcin.org/index.php/resources-video/>

Brief Web-based video addresses the following learning objectives for providing care to patients/clients who are deaf or speak another language:

- Identify situations when a qualified interpreter is needed;
- Understand key protocols and tips for working effectively with an interpreter (including by telephone or video); and
- Recognize potential cultural barriers to understanding.

[Video length: 6 min.]

MODULE 5: Use of Interpreters

Learning Objective K2:

List Effective Ways of Working With an Interpreter

Novice-Intermediate

Self-Guided Learning Resources:

Baumann L, DePablo M. **Working with Interpreters in Health Care**. Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2009.

Available at: <http://tlcprojects.org/NEAT/Interpreters2.html>

Web-based tutorial provides guidelines for health professionals when communicating with patients through in-person or telephone interpreters. Discussion includes the responsibilities of the interpreter, and concerns and consequences of using informal and untrained interpreters.

Bilingual Communications, Inc. **Working with Interpreters in Healthcare**. Greensboro Area Health Education Center (AHEC).

Available at: <http://www.aheconnect.com/newahec/cdetail.asp?courseid=Inter>

Web-based course addresses the following learning objectives:

- Identify problems that may occur when using untrained interpreters in medical interviews;
- Identify criteria for selecting a trained, professional interpreter; and
- Identify seven principles to ensure effective communication during an interpreted medical interview.

MODULE 5: Use of Interpreters

Learning Objective K2:

List Effective Ways of Working With an Interpreter

Novice-Intermediate

Self-Guided Learning Resources:

Pacific EMPRINTS. **Strategically Reaching Limited-English Proficient (LEP) Communities: Perspectives of Medical Interpreters for Emergency Preparedness.** University of Hawaii at Manoa.

Available at:

<http://www.emprints.hawaii.edu/training/course.aspx?ID=58&cat=1>

Web-based course discusses strategies for incorporating medical interpreters into emergency preparedness planning and response efforts, and approaches for effectively reaching LEP communities about preparedness planning and education.

Continuing education credit is available.

Podcast version of course is available at: <http://www.emprints.hawaii.edu/training/course.aspx?ID=57&cat=3>

Roat CE, Jacobs E. **Communicating Through Healthcare Interpreters.** 2005. University of Arizona College of Medicine.

Available at: http://www.vlh.com/shared/courses/course_info.cfm?courseo=155

Web-based interactive course focuses on strategies to address the needs of patients/clients with limited English proficiency and to work effectively with healthcare interpreters. The resource includes video vignettes of simulated patient encounters.

Continuing education credit is available.

MODULE 5: Use of Interpreters

Learning Objective S1:

**Demonstrate Ability to Orally Communicate Accurately and Effectively
In Patients' Preferred Language, Including Identifying and Collaborating
With an Interpreter When Appropriate**
Intermediate

Self-Guided Learning Resources:

New York University Center for Immigrant Health and Cancer Disparities, and the American Pharmacists Association. **Enhancing Medication Safety for Patients with Limited English Proficiency**. 2011.

Available at: <http://pharmacylanguage.net/>

Interactive training module addresses the language and cultural barriers that health providers may face when interacting with patients/clients with limited English proficiency. The module includes didactic exercises and video vignettes of patient-provider interactions in a pharmacy setting.

(Adapted from <http://pharmacylanguage.net>)

MODULE 5: Use of Interpreters

INDEX

Baumann L, DePablo M. **Working with Interpreters in Health Care**. Nursing Education and Technology (NEAT) Projects, Board of Regents of the University of Wisconsin System; 2009.

Bilingual Communications, Inc. **Working with Interpreters in Healthcare**. Greensboro Area Health Education Center (AHEC).

Lie D. **Cases in Health Disparities: Informed Consent and Amputation in a Farmer with Diabetes**. 2009. Medscape.

New York University Center for Immigrant Health and Cancer Disparities, and the American Pharmacists Association. **Enhancing Medication Safety for Patients with Limited English Proficiency**. 2011.

Pacific EMPRINTS. **Strategically Reaching Limited-English Proficient (LEP) Communities: Perspectives of Medical Interpreters for Emergency Preparedness**. University of Hawaii at Manoa.

Roat CE, Jacobs E. **Communicating Through Healthcare Interpreters**. 2005. University of Arizona College of Medicine.

Truemann B. **Qualified Interpreting for Quality Health Care: A Training Video for Clinical Staff on How to Work with Interpreters**. Health Care Interpreter Network.

MODULE 6: Self-Reflection and Culture of Health Professions

Core Learning Objectives ¹	Developmental Sequence ²	Page
K1. Describe the provider-patient power imbalance	Novice	153
S1. Engage in reflection about own beliefs	Novice	154
S2. Recognize institutional cultural issues, including issues related to general patient communication	Intermediate	158
S3. Use reflective practices in patient care	Intermediate	164
A1. Value the need to address personal bias	Novice-Intermediate	164
A2. Express attitude that it is a responsibility of all members of the healthcare team to be trained and proactive in addressing the communication needs of patients	Advanced	165

[Module 6 INDEX](#)

Key Concepts:

- Provider-patient power imbalance
- Reflective practices in patient care
- Institutional culture of health care organizations

¹ **Types of Learning Objectives/Competencies:** K: Knowledge; S: Skill; A: Attitude

² **Developmental Sequence:** Novice: Pre-clinical training; Intermediate: Supervised clinical interaction; Advanced: Clinical interaction with limited supervision

MODULE 6: Self-Reflection and Culture of Health Professions

Learning Objective K1:

Describe the Provider-Patient or Health Professional Client Imbalance
Novice

Videos:

American Medical Association. **Role of Trust in Physician Interactions with Minority Patients.**

Available at: <http://www.bigshouldersdubs.com/clients/AMA/12-AMA.htm>

Video clip discusses why patient mistrust of the health care system exists and how mistrust can worsen health disparities if not addressed. Strategies are offered to help health professionals establish and maintain the patient's trust. The clip is part of AMA's video series titled "Educating Physicians on Controversies and Challenges in Health."

[Video length: 10 min.]

MODULE 6: Self-Reflection and Culture of Health Professions

Learning Objective S1:

Engage in Reflection About Own Beliefs

Novice

Web-based Curriculum and Training Modules:

Peace Corps Information Collection and Exchange. **Culture Matters: The Peace Corps Cross-Cultural Workbook.**

Available at: http://www.peacecorps.gov/multimedia/pdf/library/T0087_culturematters.pdf

Training manual is designed for Peace Corps volunteers but provides many exercises and instructional strategies that would be adaptable to a health profession training curriculum on the “fundamentals of culture.”

An accompanying **Trainer’s Guide** is available at: <http://www.peacecorps.gov/www/educators/enrichment/culturematters/guide.pdf>

Examples of specific topics addressed in the workbook include:

- Defining culture
- Linking values to behavior
- Individualism vs. collectivism
- American culture and American diversity
- Culture and communication styles
- Concepts of power and status
- Attitudes toward cultural differences

MODULE 6: Self-Reflection and Culture of Health Professions

Learning Objective S1:

Engage in Reflection About Own Beliefs

Novice

Videos:

Bartley K. **Media Based Cultural Competence**. 2010.

Available at: [www.fmdrl.org/index.cfm?event=c.beginBrowseD&clearSelections=1&criteria=cultural competence#2952](http://www.fmdrl.org/index.cfm?event=c.beginBrowseD&clearSelections=1&criteria=cultural%20competence#2952)

Sample exercise questions can be used by learners for reflective processing while viewing relevant educational films selected by the instructor.

Self-Guided Learning Resources:

American Speech-Language-Hearing Association. **Self-Assessment for Cultural Competence**.

Available at: <http://www.asha.org/practice/multicultural/self.htm>

Interactive web-based assessment tool and checklists are intended to increase learners' awareness for providing services to diverse populations. The assessment tool provides a scoring mechanism to help learners identify specific topics for which they may require further professional development.

MODULE 6: Self-Reflection and Culture of Health Professions

Learning Objective S1:

Engage in Reflection About Own Beliefs

Novice

Self-Guided Learning Resources:

Georgetown University, National Center for Cultural Competence. **Cultural Competence Health Practitioner Assessment**. 2004.

Available at: <https://www4.georgetown.edu/uis/keybridge/keyform/form.cfm?formID=277>

The web-based assessment measures level of knowledge, skill, and awareness on six different sub-scales:

- (1) Values and belief systems;
- (2) Cultural aspects of epidemiology;
- (3) Clinical decision-making;
- (4) Life cycle events;
- (5) Cross-cultural communication; and
- (6) Empowerment/health management.

Based on the learner's responses on the sub-scales, the assessment instrument will provide a listing of supplemental resources to aid in strengthening the learner's proficiency.

Stanford University School of Medicine, Stanford Geriatric Education Center. **Test Your Ethnogeriatric IQ**.

Available at: <http://sgec.stanford.edu/training/iq.html>

Brief self-assessment relates to common conceptions about elders of diverse cultural and ethnic backgrounds.

MODULE 6: Self-Reflection and Culture of Health Professions

Learning Objective S1:

Engage in Reflection About Own Beliefs

Novice

Clinical/Field Application Resources:

Georgetown University, National Center for Cultural Competence. **Promoting Cultural and Linguistic Competency: Self-Assessment Checklists.** 2004-2005.

- **Self-Assessment Checklist for Personnel Providing Primary Health Care Services.**
Available at: <http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist%20PHC.pdf>
- **Self-Assessment Checklist for Personnel Providing Services and Supports in Early Intervention and Early Childhood Settings.**
Available at: <http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist.EIEC.doc.pdf>
- **Self-Assessment Checklist for Personnel Providing Services and Supports to Children with Disabilities and Special Health Needs and their Families.**
Available at: <http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist.CSHN.doc.pdf>
- **Self-Assessment Checklist for Personnel Providing Services and Supports to Individuals and Families Affected by Sudden Infant Death Syndrome and Other Infant Death (SIDS/ID).**
Available at: <http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist.SIDS-ID.pdf>

The self-assessment checklists address the following three areas: (1) Physical environment, materials and resources; (2) Communication styles; and (3) Values and attitudes.

The checklists provide examples of the types of practices that promote a culturally and linguistically-competent service delivery environment.

MODULE 6: Self-Reflection and Culture of Health Professions

Learning Objective S2:

Recognize Institutional Cultural Issues, Including Issues Related to General Patient/Client Communication

Intermediate

Case Studies:

Lie D. **Cases in Health Disparities: Patients in Wheelchairs—Are They Getting to Your Office?** 2010. Medscape.

Available at: <http://www.medscape.org/viewarticle/731404>

Case study on healthcare access for patients with limited mobility provides evidence-based commentary and a case resolution.

Self-Guided Learning Resources:

Brach C, Dreyer B, Schyve P, et al. **Attributes of a Health Literate Organization.** Institute of Medicine; 2012.

Available at: <http://www.healthcarecommunities.org/showcontent.aspx?id=4294972714>

Slide presentation describes the 10 attributes of a health-literate health care organization, which is an organization that “makes it easier for people to navigate, understand, and use information and services to take care of their health.”

Martin M. **Diversity Leadership: A Strategic Approach** (“Diversity and Cultural Competency in Public Health Settings – Advanced Level”). South Central Public Health Partnership.

Available at: http://lms.southcentralpartnership.org/scphp/mycourse_desc.php?&id=44

Web-based course guides learners in developing an individual, group, or organization-level action plan that takes into consideration issues and challenges related to cultural diversity.

[Return to Start of Module 6](#)

[Back to Table of Contents](#)

MODULE 6: Self-Reflection and Culture of Health Professions

Learning Objective S2:

Recognize Institutional Cultural Issues, Including Issues Related to General Patient/Client Communication

Intermediate

Clinical/Field Application Resources:

Haugland G, Siegel C, Reid-Rose L, Hernandez J. **Cultural Competency Assessment Scale with Instructions**. Nathan S. Kline Institute for Psychiatric Research; 2012. Available at:

Program-Level Assessment

<http://ssrdqst.rfmh.org/cecc/sites/ssrdqst.rfmh.org.cecc/UserFiles/Program%20Level%20CCAS%20JUNE%202012.pdf>

Agency-Level Assessment (Siegel C, et al. 2004)

<http://ssrdqst.rfmh.org/cecc/sites/ssrdqst.rfmh.org.cecc/UserFiles/CCAS.PDF>

Organizational and program assessment scale is applicable to behavioral health care programs and agencies providing services to diverse communities. The scale has 14 criteria that can be used for self-assessment, care coordination, or as a means of monitoring progress on activities related to engagement, service delivery, and supports.

Jacobson KL, Gazmararian JA, Kripalani S, et al. **Is Our Pharmacy Meeting Patients' Needs? A Pharmacy Health Literacy Assessment Tool User's Guide**. U.S. DHHS Agency for Healthcare Research and Quality and Robert Wood Johnson Foundation; 2007.

Available at: <http://www.ahrq.gov/qual/pharmlit/>

Toolkit is a comprehensive guide to help pharmacies assess how well they are set up to serve patients with limited health literacy; and to detect potential barriers for patients with limited literacy skills to comprehending pharmacy information. Although the assessment was designed to be used in outpatient pharmacies of large public hospitals, it can be adapted for use in other pharmacy and non-pharmacy environments.

(Abstract adapted from HHS)

[Return to Start of Module 6](#)

[Back to Table of Contents](#)

MODULE 6: Self-Reflection and Culture of Health Professions

Learning Objective S2:

Recognize Institutional Cultural Issues, Including Issues Related to General Patient/Client Communication

Intermediate

Clinical/Field Application Resources:

George Washington Institute for Spirituality and Health (GWISH). **Checklist: Improving the Quality of Spiritual Care as a Dimension of Palliative Care.** 2009.

Available at: <http://www.gwumc.edu/gwish/soerce/resources.cfm?ResourceID=5BEB8499-5056-9D20-3D3DBE835A310D58>

Checklist serves as an organizational assessment to help health facility clinicians and administrators determine areas for improvement in regard to spiritual care practices within the organization. Free registration is required to access the resource.

Goode T, Jones W, Mason J. **A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment.** Georgetown University, National Center for Cultural Competence; 2002.

Available at: <http://www11.georgetown.edu/research/gucchd/nccc/documents/ncccorgselfassess.pdf>

Resource explains several guiding principles for assessing the cultural competence of organizational activities, and briefly describes a course of action for planning and implementing an organizational self-assessment process.

MODULE 6: Self-Reflection and Culture of Health Professions

Learning Objective S2:

Recognize Institutional Cultural Issues, Including Issues Related to General Patient/Client Communication

Intermediate

Clinical/Field Application Resources:

Joint Commission. **Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide.** 2011.

Available at: <http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf>

Resource provides guidance to health care organizations “for creating processes, policies, and programs that are sensitive and inclusive of LGBT patients and families” (Joint Commission). The guide can be used as an organizational assessment tool as well as an educational resource for health providers.

National Committee for Quality Assurance, & Lilly USA, LLC. **Multicultural Health Care: A Quality Improvement Guide;** 2011.

Available at: www.clashealth.org

The guide is an online resource for healthcare professionals seeking to undertake quality improvement initiatives to improve culturally and linguistically appropriate services and to reduce disparities in care within their healthcare organization. The guide uses proven examples to provide step-by-step instructions on how to implement an organizational quality improvement (QI) process. The individual chapters are organized around the steps (assessment, planning, implementation and evaluation) and contain examples from a variety of healthcare settings.

(Abstract adapted from www.clashealth.org)

MODULE 6: Self-Reflection and Culture of Health Professions

Learning Objective S2:

Recognize Institutional Cultural Issues, Including Issues Related to General Patient/Client Communication

Intermediate

Clinical/Field Application Resources:

Rudd RE, Anderson JE. **The Health Literacy Environment of Hospitals and Health Centers – Partners for Action: Making Your Healthcare Facility Literacy-Friendly**. National Center for the Study of Adult Learning and Literacy, and the Harvard School of Public Health; 2006.

Available at: <http://www.hsph.harvard.edu/healthliteracy/files/healthliteracyenvironment.pdf>

Guide provides interactive tools and suggestions to help health professionals conduct “health literacy environment reviews” within their healthcare organizations. The review enables staff to consider a range of strengths and barriers within the organization that may help or impede patients/clients as they attempt to physically navigate their way through a facility, fill out forms, and make use of information and materials provided to them along the way.

The guide also includes activity outlines for conducting pre-review needs assessment activities, such as telephone assessments, walking interviews, materials assessment workshops, oral exchange surveys, and technology assessments. In addition, the guide provides recommendations for developing an action plan to improve the health literacy environment of the organization.

Supplemental interactive tools to support the needs assessment and environment review process are available in a complementary resource: Rudd RE. **The Health Literacy Environment Activity Packet: First Impressions & Walking Interview. On-Line Tools. Health Literacy Studies**. 2010.

Available at: <http://www.hsph.harvard.edu/healthliteracy/files/activitypacket.pdf>

[Return to Start of Module 6](#)

[Back to Table of Contents](#)

MODULE 6: Self-Reflection and Culture of Health Professions

Learning Objective S2:

Recognize Institutional Cultural Issues, Including Issues Related to General Patient/Client Communication

Intermediate

Clinical/Field Application Resources:

Sutton M. **Improving Patient Care: Cultural Competence.** Family Practice Management. October 2000; 7(9):58-60.

Available at: <http://www.aafp.org/fpm/2000/1000/p58.html>

Resource briefly describes actions that group practices can take to cultivate cultural competence, and includes a cultural competence self-assessment tool.

MODULE 6: Self-Reflection and Culture of Health Professions

Learning Objective S3:

Use Reflective Practices in Patient/Client Care

Intermediate

Resources in development.

Learning Objective A1:

Value the Need to Address Personal Bias

Novice-Intermediate

Resources in development.

MODULE 6: Self-Reflection and Culture of Health Professions

Learning Objective A2:

Express the Attitude That It Is a Responsibility of All Members of the Healthcare Team To Be Trained and Proactive in Addressing the Communication Needs of Patients/Clients
Advanced

Self-Guided Learning Resources:

South Central Public Health Partnership. **Cultural Diversity, Health Disparities, and Public Health.**

Available at: http://lms.southcentralpartnership.org/scphp/mycourse_desc.php?&id=187

Web-based course provides an introduction to cultural diversity concepts and discusses using cultural diversity as a framework for addressing public health and health policy issues.

South Central Public Health Partnership. **Managing Diversity Begins with You.**

Available at: http://moodle01.southcentralpartnership.org/scphp/mycourse_desc.php?id=10

Web-based course enables learners to acquire a conceptual framework for managing workplace diversity as a means of improving health service delivery, quality, and accessibility. The course particularly focuses on enhancing communication and conflict resolution skills and increased understanding of diverse health beliefs and practices.

MODULE 6: Self-Reflection and Culture of Health Professions

INDEX

American Medical Association. **Role of Trust in Physician Interactions with Minority Patients.**

American Speech-Language-Hearing Association. **Self-Assessment for Cultural Competence.**

Bartley K. **Media Based Cultural Competence.** 2010.

Brach C, Dreyer B, Schyve P, et al. **Attributes of a Health Literate Organization.** Institute of Medicine; 2012.

George Washington Institute for Spirituality and Health (GWISH). **Checklist: Improving the Quality of Spiritual Care as a Dimension of Palliative Care.** 2009.

Georgetown University, National Center for Cultural Competence. **Cultural Competence Health Practitioner Assessment.** 2004.

Georgetown University, National Center for Cultural Competence. **Promoting Cultural and Linguistic Competency: Self-Assessment Checklists.** 2004-2005.

Goode T, Jones W, Mason J. **A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment.** Georgetown University, National Center for Cultural Competence; 2002.

Haugland G, Siegel C, Reid-Rose L, Hernandez J. **Cultural Competency Assessment Scale with Instructions.** Nathan S. Kline Institute for Psychiatric Research; 2012.

Jacobson KL, Gazmararian JA, Kripalani S, et al. **Is Our Pharmacy Meeting Patients' Needs? A Pharmacy Health Literacy Assessment Tool User's Guide.** U.S. DHHS Agency for Healthcare Research and Quality and Robert Wood Johnson Foundation; 2007.

MODULE 6: Self-Reflection and Culture of Health Professions

Joint Commission. **Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide.** 2011.

Lie D. **Cases in Health Disparities: Patients in Wheelchairs—Are They Getting to Your Office?** 2010. Medscape.

Martin M. **Diversity Leadership: A Strategic Approach** (“Diversity and Cultural Competency in Public Health Settings – Advanced Level”). South Central Public Health Partnership.

National Committee for Quality Assurance, & Lilly USA, LLC. **Multicultural Health Care: A Quality Improvement Guide;** 2011.

Peace Corps Information Collection and Exchange. **Culture Matters: The Peace Corps Cross-Cultural Workbook.**

Rudd RE, Anderson JE. **The Health Literacy Environment of Hospitals and Health Centers – Partners for Action: Making Your Healthcare Facility Literacy-Friendly.** National Center for the Study of Adult Learning and Literacy, and the Harvard School of Public Health; 2006.

Stanford University School of Medicine, Stanford Geriatric Education Center. **Test Your Ethnogeriatric IQ.**

South Central Public Health Partnership. **Cultural Diversity, Health Disparities, and Public Health.**

South Central Public Health Partnership. **Managing Diversity Begins with You.**

Sutton M. **Improving Patient Care: Cultural Competence.** Family Practice Management. October 2000; 7(9):58-60.

General Web-based Training Resources

Training Modules:

American Association for Child and Adolescent Psychiatry. **Diversity and Cultural Competency Curriculum for Child and Adolescent Psychiatry Training.**

Available at: <http://www.psych.org/Share/OMNA/Minority-Council/AACAP-Diversity-Curriculum.aspx?FT=.pdf>

Curriculum framework outlines three learning goals and provides suggested teaching methods for knowledge, skill, and attitude learning objectives and level of proficiency (basic, intermediate and advanced) within each goal.

The three learning goals are as follows:

- Understand the concept of cultural competence and its practical application in child and adolescent psychiatry
- Knowledge of normal development compared to pathology within the concept of cultural identity
- Understand the cultural competence model of service delivery and systems-based care

American Psychiatric Association. **Ethnic Minority Elderly Curriculum.**

Available at: <http://www.psych.org/Share/OMNA/Minority-Council/MinorityElderlyCurriculum.aspx>

The curriculum introduction describes training needs for working with culturally diverse patients/clients and provides suggested teaching methods and evaluation of learner performance, including a sample cultural competency evaluation form.

The content also includes an explanation of the key concepts of race, culture, and ethnicity, and general information regarding mental health access issues and diagnosis, healthcare beliefs and behaviors, disorder prevalence, and treatment concerns among the elderly in African American, American Indian and Alaska Native, Asian American and Pacific Islander, and Latino communities. Learning objectives focus on development of cultural competency in patient care, medical knowledge, interpersonal communications, and systems-based care.

[Back to Table of Contents](#)

General Web-based Training Resources

Training Modules:

Anne E. Dyson Community Pediatrics Training Initiative, Curriculum Committee. **Community Pediatrics Resources**. Children's Hospital Boston; 2004.

Available at: <http://www2.aap.org/compeds/cpti/Curriculum-Bod-2005.pdf>

Resource includes a chapter that provides examples of existing curricula and materials for planning a clinical curriculum on the delivery of culturally effective pediatric care. The chapter includes suggestions of teaching methods and anticipated learning outcomes. The examples of existing curricula and their implementation in health profession training programs are profiled in detail.

Association of American Medical Colleges. **MedEdPORTAL**.

Available at: www.mededportal.org/cmeforcredit

Database of peer-reviewed online teaching materials and assessment tools. Materials consist of workshop curricula, problem-based learning exercises, case studies, PowerPoint presentations and accompanying notes, Web-based courses and tutorials, group reflection exercises, and self-assessment modules. AMA PRA Category 1 Credit is available for physicians.

Examples of resources include the following:

Martin C, Carraccio C, Wolfsthal S, Juan R. **Web-Based, Cross Cultural Educational Modules**. MedEdPORTAL; 2006.

Available at: www.mededportal.org/publication/147

Lie D. **An Evidence and Case-Based Approach to Health Disparities**. MedEdPORTAL; 2007.

Available at: www.mededportal.org/publication/573

Bereknyei S, et al. **Stopping Discrimination Before it Starts: The Impact of Civil Rights Laws on Healthcare Disparities - A Medical School Curriculum**. MedEdPORTAL; 2009.

Available at: www.mededportal.org/publication/7740

General Web-based Training Resources

Training Modules:

DeGannes C, Woodson Coke K, Bender Henderson T, Sanders-Phillips K. **A Small-Group Reflection Exercise for Increasing the Awareness of Cultural Stereotypes: A Facilitator's Guide.** MedEdPORTAL; 2009.

Available at: www.mededportal.org/publication/668

Elliott D, StGeorge C, Signorelli D, Trial J. **Stereotypes and Bias at the Psychiatric Bedside - Cultural Competence in the Third Year Required Clerkships.** MedEdPORTAL; 2010.

Available at: www.mededportal.org/publication/1150

Kobylarz F, Heath J, Like R, Granville L. **The ETHNICS Mnemonic: Clinical Tool, Didactics, and Small Group Facilitator's Guide.** MedEdPORTAL; 2007.

Available at: www.mededportal.org/publication/600

Bower D, Webb T, Larson G, Tipnis S, Young S, Berdan E, et al. **Patient Centered Care Workshop: Providing Quality Health Care to a Diverse Population.** MedEdPORTAL; 2007.

Available at: www.mededportal.org/publication/579

Lie D. **Interpreter Cases for Cultural Competency Instruction.** MedEdPORTAL; 2006.

Available at: www.mededportal.org/publication/205.

Elliott D. **Cultural Self Awareness Workshop.** MedEdPORTAL; 2009.

Available at: www.mededportal.org/publication/1128.

Elliott D, Schaff P, Woehrle T, Walsh A, Trial J. **Narrative Reflection in Family Medicine Clerkship - Cultural Competence in the Third Year Required Clerkships.** MedEdPORTAL; 2010.

Available at: www.mededportal.org/publication/1153

General Web-based Training Resources

Training Modules:

Carter-Pokras O, Acosta DA, Lie D, et al. **Practice What You Teach: Curricular Products from the National Consortium for Multicultural Education for Health Professionals**. 2009.

Available at: <http://culturalmeded.stanford.edu/pdf%20docs/Focus%20MDNG%20NCME%20curricular%20products.pdf>

Overview of various curricular products developed by members of the National Consortium for Multicultural Education for Health Professionals.

Products that are featured include the following:

- Achieving Cultural Competency: A Case-Based Approach to Training Health Professionals
- The RESTORE Mnemonic: A Framework for Relationship-Centered Care
- CRASH – Course in Cultural Competency Training Program
- Curricula in Asthma Management

Children's Hospital at Montefiore Medical Center and AIDS Education and Training Centers National Resource Center. **Treating Adolescents with HIV: Tools for Building Skills in Cultural Competence, Clinical Care, and Support**. 2007.

Available at: <http://www.hivcareforyouth.org/>

The five training modules include video clips and interactive questions that address the following topics:

- Fundamentals of Adolescent Care and Cultural Competence
- Psychosocial Issues
- Antiretroviral Treatment and Adherence
- Transitioning Care
- Prevention

General Web-based Training Resources

Training Modules:

Group for the Advancement of Psychiatry, LGBT Issues Committee. **LGBT Mental Health Syllabus.** Hosted by Association of Gay and Lesbian Psychiatrists.

Available at: <http://www.aglp.org/gap/>

Series of modules about providing care for lesbian, gay, bisexual, transgender, and intersex patients/clients.

The following topics are covered:

- History of Psychiatry and Homosexuality
- Taking a Sexual History with LGBT Patients
- Psychological Development and the Life Cycle
- Psychotherapy
- Medical and Mental Health
- Transgender
- Intersex
- Ethics
- Diversity/People of Color

Each module includes learning goals and objectives, a pre-test and post-test, and links to additional resources and references.

Hark L. **Culture and Communication: What Do You Need to Know?** Willis Eye Institute and Jefferson Medical College.

Available at: <http://culturalmeded.stanford.edu/teaching/culturalcompetency.html>

Module features PowerPoint slides that address the following learning objectives:

- Increase awareness of major shifts in the U.S. population;
- Recognize factors that contribute to building a strong patient-provider relationship; and
- Appreciate that a patient's cultural background can influence their willingness to adhere to a provider's medical advice.

Discussion of ethnic population trends is accompanied by brief case descriptions. In addition, tips are provided for working with medical interpreters. Issues of health literacy and stereotyping are also addressed.

General Web-based Training Resources

Training Modules:

Kaiser Family Foundation. **KaiserEDU.org**.

Available at: www.kaiseredu.org

The website includes tutorials and presentations, policy issue modules, sample course syllabi, a video directory, and a database of recent publications on the health of minority populations and racial and ethnic disparities in health care.

Lee GK, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Rehabilitation Counseling**. Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2009.

Available at: <http://cirrie.buffalo.edu/culture/curriculum/guides/rc.pdf>

Resource provides suggestions for integrating cultural competence into the occupational therapy curriculum, with an emphasis on the Campinha-Bacote theoretical model of cultural competence. Sample case studies and interactive learning activities are described, focusing on learner self-awareness; developing knowledge of clinicians' and clients' worldviews; and improving cross-cultural clinical skills.

Lubinski R, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Speech-Language Pathology**. Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2008.

Available at: <http://cirrie.buffalo.edu/culture/curriculum/guides/speech.pdf>

Resource provides suggestions for integrating cultural competence into the speech-language pathology curriculum for undergraduate, graduate, and continuing education audiences. Foundational knowledge for learners emphasizes the Campinha-Bacote theoretical model of cultural competence. Appendices include descriptions of interactive learning activities; case studies and discussion questions; and ideas for student assessment. Specific topics addressed by the interactive activities include foundational knowledge; clinical service delivery issues; and professional issues (advocacy, ethics, research, and supervision).

General Web-based Training Resources

Training Modules:

Meyer D, Michie J, Batista M, et al. **Training for Better Care: A Cultural Competency Curriculum for the Health Professions.** Columbia University.

Available at: http://ces4health.info/uploads/Training%20for%20Better%20Health_a%20Cultural%20Competency%20Curriculum%20for%20the%20Health%20Professions.pdf

Manual is based on a cultural competency curriculum designed by the Community Pediatrics program at the Columbia University Medical Center. The authors describe specific interactive learning activities and include suggestions regarding materials needed, time frame, and associated costs; sample PowerPoint presentations and discussion questions; and tips on activity preparation, planning, and evaluation methods.

The sample lesson plans address topics of

- 1) Cross-cultural knowledge (community assets, home visits, home remedies and health beliefs training, and culturally and linguistically responsive care);
- (2) Self-awareness;
- (3) Language diversity (use of interpreters, language immersion, and health literacy training); and
- (4) Advocacy (service learning).

General Web-based Training Resources

Training Modules:

Mihalic AP, Dobbie AE. **Steps to Becoming Culturally and Linguistically Competent: A Pediatric Curriculum.** University of Texas Southwestern Medical Center and Children's Medical Center; 2009.

Available at: [http://www.fmdrl.org/index.cfm?event=c.beginBrowseD&clearSelections=1&criteria=cultural competence#2372](http://www.fmdrl.org/index.cfm?event=c.beginBrowseD&clearSelections=1&criteria=cultural%20competence#2372)

Toolkit includes a 77-slide PowerPoint presentation, self-study assignment, role plays on cross-cultural communication and appropriate use of interpreter services, and a pre- and post-test case exam on cultural competence knowledge.

The PowerPoint includes instructor notes and addresses the following topic areas:

- Difference between race, ethnicity, and culture concepts;
- Significance of culture in health care;
- Development of provider's self-awareness;
- Core cultural factors that impact the patient/client-provider relationship;
- Cultural differences in health beliefs and methods of healing;
- Impact of social context on patient care;
- Cross-cultural communication;
- Resources to help bridge the cultural gap between providers and patients/clients;
- Impact of language on health care; and
- Steps to becoming linguistically competent.

General Web-based Training Resources

Training Modules:

Georgetown University, National Center for Cultural Competence. **Curricula Enhancement Module Series.**

Available at: <http://www.ncccurricula.info/>

The curricula enhancement module series is designed to assist instructors in incorporating the following key content areas into existing health profession curricula:

- (1) Cultural awareness;
- (2) Cultural self-assessment;
- (3) Process of inquiry – communicating in a multicultural environment; and
- (4) Public health in a multicultural environment.

The series also provides supplemental materials, multimedia resources, and instructional strategies for each content area.

National Consortium for Multicultural Education for Health Professionals. **Resources for Educators.** 2009.

Available at: <http://culturalmeded.stanford.edu/teaching/>

Webpage provides a portal for teaching resources on healthcare disparities, cultural competency, and language access. The featured resources are in various formats, including curriculum guides, book chapters, web-based presentations and case studies, and self-study guides.

General Web-based Training Resources

Training Modules:

Nochajski SM, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Occupational Therapy.** Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2008.

Available at: <http://cirrie.buffalo.edu/culture/curriculum/guides/ot.pdf>

Resource provides suggestions for integrating cultural competence into the occupational therapy curriculum, with an emphasis on the Campinha-Bacote theoretical model of cultural competence.

Sample case studies and interactive learning activities are described, focusing on learner self-awareness; application of cultural awareness in conducting health assessments and treatment planning and implementation; and in-depth analysis through self-reflection.

Panzarella KJ, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Physical Therapy.** Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2008.

Available at: <http://cirrie.buffalo.edu/culture/curriculum/guides/pt.pdf>

Resource provides suggestions for integrating cultural competence into the occupational therapy curriculum, with an emphasis on the Campinha-Bacote theoretical model of cultural competence.

Sample case studies, self-tests and questionnaires, and other interactive learning activities are included to focus on development of foundational knowledge in cultural competence.

General Web-based Training Resources

Training Modules:

Stanford University School of Medicine, Stanford Geriatric Education Center.

Webinar Series.

Available at: <http://sgec.stanford.edu/events.html>

Webinar series is targeted to health and social service providers who work with older adults from diverse cultural backgrounds. Past webinar topics include "Introduction to Clinical Ethnogeriatrics," "Diversity and Dementia," "Health Literacy and Health Disparities," "Emergency Preparedness, Medication, and Health Literacy," and "Cultural Humility: The Next Level of Cultural Competence."

Previous webinars are archived and available for viewing. Accompanying handouts relevant to each webinar can be downloaded from the website. The current year's webinars offer continuing education credit for nurses, social workers, marriage and family therapist, physicians and psychologists.

Stanford University School of Medicine, Stanford Geriatric Education Center.

Mental Health Aspects of Diabetes in Elders from Diverse Ethnic Backgrounds. 2005.

Available at: <http://sgec.stanford.edu/resources/diabetes.html>

A resource for teaching culturally-appropriate care for depression and cognitive loss for older adults who are at risk for diabetes. The 10-module curriculum includes PowerPoint slides and highlights content relevant to the following ethnic groups: African American, American Indian, Chinese American, Filipino American, Hmong American, Japanese American, and Mexican American.

General Web-based Training Resources

Training Modules:

Trotter RT et al. **National Health Service Corps Educational Program for Clinical and Communication Issues in Primary Care: Cross-Cultural Issues in Primary Care Module.** 1994 (rev. 1999). National Center for Cultural Healing.

Available at: http://www.amsa.org/AMSA/Libraries/Committee_Docs/culture.sflb.ashx

The content areas addressed in the module are:

- Introduction to Culturally Appropriate Medicine
- Issues of Ethnocentrism
- Language and Communication in Health Care
- Environmental Conditions and Culturally Competent Medical Care

Each section of the module includes a suggested teaching timeline, learning objectives, ice breakers, a topic overview, case studies and suggested responses, suggested readings, and handouts or presentation material. The module was produced for the National Health Service Corps program of the U.S. Department of Health and Human Services.

Yeo G, ed. **Curriculum in Ethnogeriatrics: Core Curriculum and Ethnic Specific Modules.** Stanford University School of Medicine, Geriatric Education Center. 2001.

Available at: <http://www.stanford.edu/group/ethnoger/>

Adaptable web-based curriculum is composed of five core modules as well as 11 additional modules that address health concerns of elders from several different ethnic populations.

The core modules focus on the following topics:

- Introduction and overview of the field of ethnogeriatrics
- Patterns of health risk
- Fund of knowledge (major systems of health beliefs and the historical experiences of elders in the U.S.)
- Culturally competent geriatric assessment
- Cultural issues in health care interventions, access, and utilization.

In addition, the curriculum includes instructional strategies for interviewing elders from diverse communities.

General Web-based Training Resources

Case Studies (Print and Video):

Albert Einstein College of Medicine and the Bronx Center to Reduce and Eliminate Racial and Ethnic Health Disparities. **Teaching Cases Exploring Cross-Cultural Care.** 2007.

Available at: <http://www.einstein.yu.edu/uploadedFiles/Bronxcreeed/Final%20Case%20Book.pdf>

Series of seven case studies includes learning objectives, case narratives, visual aids, and an instructor's guide. The cases are intended to reflect diverse areas of clinical expertise in teaching the knowledge and skills needed for providing care to diverse populations.

The topic areas addressed by the cases are:

- Patient/client's perspective on chronic illness
- Social stressors and support networks
- Fears about potential consequences of medications and/or illness
- Complimentary/alternative therapies
- Family decision-making and withholding information
- Effects of migration and acculturation on family dynamics and beliefs
- Language barriers and communication
- Religious beliefs and spirituality
- The culture of medicine
- Disease and illness
- Discrimination, stereotyping, and mistrust

General Web-based Training Resources

Case Studies (Print and Video):

American Academy of Family Physicians. **Quality Care for Diverse Populations Videos.**

Available at: <http://www.aafp.org/online/en/home/clinical/publichealth/culturalprof/quality-care-diverse-populations.html>

Training program includes five video vignettes featuring simulated patient office visits that explore the following topics:

- Collaborating with medical interpreters;
- Recognizing how cultural factors may pose as barriers to communication and patient compliance;
- Identifying health concerns of lesbian, gay, bisexual and transgender (LGBT) populations;
- Identifying issues that may arise during the health exam for new immigrants; and
- Understanding Native American cultural communication patterns.

[Video length: total of 43 min. (each video ranges from 2 to 9 min.)]

Clarke ME. **Cultural Competency in Healthcare: A Clinical Review and Video Vignettes from the National Medical Association.** 2008. Medscape.

Available at: <http://www.medscape.org/viewarticle/573591>

Resource includes a pre-test, post-test, and three learning modules that address the following issues: (1) Recognizing and addressing bias; (2) Patient-provider communication; and (3) Overcoming language barriers.

The modules include video vignettes and reflective questions. The modules are preceded by an introductory section that discusses the rationale for cultural competence training and opportunities for intervention at the level of the provider, organization leadership, and organization process of care.

General Web-based Training Resources

Case Studies (Print and Video):

Fanlight Productions. **Healthcare: Cross-Cultural Issues.**

Available at: <http://www.fanlight.com/catalog/subjects/culture.php>

Catalog listing of documentary film selections that focus on cross-cultural healthcare and other social issues. Videos are available for purchase and rental. Fees vary.

Kaiser Permanente and The California Endowment. **The Multicultural Health Series.** 2005.

Available at: http://www1.calendow.org/uploadedFiles/multicultural_health_series.pdf (Facilitator Guide)

Series of 10 video case studies with accompanying facilitator's guide and participant handouts. The case studies are intended to increase learners' awareness of the importance of cultural competence in health care. The facilitator's guide includes background notes about each video scenario, along with debrief questions and a suggested outline for a one-hour discussion or workshop around each video.

For information about ordering the DVD series, please contact Kaiser Permanente, Multimedia Communications department at (323) 259-4341 or (323) 259-4546. [Case studies range in length from 10 to 97 min.]

Management Sciences for Health and the U.S. Department of Health and Human Services/Health Resources and Services Administration. **Reducing Health Disparities in Asian American and Pacific Islander Populations.** 2005.

Available at: <http://erc.msh.org/aapi/>

Interactive website offers instructional content and video clips on the following topic areas:

- Introduction to Cultural Competence
- Asian American Pacific Islander Demographics
- Asian American Pacific Islander Medical Traditions
- Techniques for Taking a Medical History
- Patient Adherence
- Communicating Across Cultures
- Asian American Pacific Islander Epidemiology

General Web-based Training Resources

Case Studies (Print and Video):

Nash A. **The New Americans: Series Guide and Activity Book**. 2004.
Independent Television Service (ITVS) Community Connections Project.
Available at: http://cdn.itvs.org/new_americans-discussion.pdf

Video companion guide for higher education and professional development settings is a supplement to “The New Americans” (ITVS) documentary miniseries that explores immigrant experiences in the U.S. The guide includes suggestions for facilitating a viewing of the series and examples of discussion questions and activities. One section of the guide contains learning objectives specifically designed for health care and mental health professionals.

Information about obtaining the video series is available at: <http://www.pbs.org/independentlens/newamericans/#>

Peterson-Iyer K. **Culturally Competent Care for Latino Patients**. Santa Clara University, Markkula Center for Applied Ethics.
Available at: <http://www.scu.edu/ethics/practicing/focusareas/medical/culturally-competent-care/hispanic-intro.html>

Website features three case studies that focus on specific challenges that Latino immigrant patients may confront in clinical settings. Each case is followed by commentaries from scholars or health professionals.

University of Texas Medical Branch and Smith Creek Studios. **Wider View**.
Available at: http://smithcreekstudios.com/wider_view/

Four video case studies of a diverse set of patients who are in need of the following types of care: Alzheimer’s disease, cancer, home self-care, and chronic back pain.

General Web-based Training Resources

Case Studies (Print and Video):

University of Texas Medical Branch. **Worldwide Health Information System Simulation Linkage.**

Available at: <http://whissl.utmb.edu/WHISSL/Index.asp>

A series of 29 diverse simulated patient cases are presented with accompanying electronic medical record information and information about relevant cultural and community components. The problem-based learning assignments for each patient case allow the learner to act as a consultant in response to a patient referral. In addition, tutorials are provided to assist instructors to develop supplemental interactive learning activities.

Warren NS. **A Genetic Counseling Cultural Competence Toolkit.** 2010.

National Society of Genetic Counselors.

Available at: http://geneticcounselingtoolkit.com/genetic_counseling_cases.htm

Series of case studies includes reflective questions that focus on health disparities, cultural identity, and application of cultural assessment tools, case preparation, medical history interviewing, and support and counseling. The case studies match up to specific steps in the genetic counseling process.

Continuing education credits and/or learning certificates are available for practitioners and students in multiple health disciplines.

General Web-based Training Resources

Case Studies (Print and Video):

University of Pennsylvania, School of Medicine. **Cultural Competency Medical Education Program**. 2008.

Available at: <http://www.med.upenn.edu/culture/cme.shtml>

Two web-based video case studies are available:

- 35-year-old African American man with AIDS
- 53-year-old Russian immigrant with Drug-Resistant Tuberculosis

Learning objectives include:

- Understanding the interface between race and sexual orientation in healthcare;
- Confidentiality and approaches to discussing sensitive issues with patients;
- Factors that may affect access to healthcare;
- Importance of using trained medical interpreters;
- Accommodating patients' cultural and social contexts and family members in the treatment decision-making process.

Each video is one hour in length, and continuing medical education credit is available.

General Web-based Training Resources

Self-Guided Learning Resources:

Bradley LN. **Introduction to Cultural Competency and Title VI**. 2012. North Carolina Center for Public Health Preparedness.

Available at: http://cphp.sph.unc.edu/training/HEP_CULTCr/certificate.php

Self-paced, web-based course discusses the impact of cultural, social and behavioral factors on the delivery of public health and healthcare services and compliance with Title VI Federal legislation. Title VI prohibits discrimination on the basis of race, color, and national origin (and consequently limited English proficiency) in programs and activities that receive Federal funding. Continuing education credits are available.

Management Sciences for Health and the U.S. Department of Health and Human Services/Health Resources and Services Administration. **The Provider's Guide to Quality and Culture**. 2006 (rev. 2008).

Available at: <http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English>

Interactive website includes brief overviews and audio-video clips on the following topics:

- What is Cultural Competence?
- Evaluating Oneself
- Avoiding Stereotypes
- Cultural Competence Pointers
- Provider Perspectives
- Clinical Exchanges
- Prior Assumptions and Prejudices
- Medical History and Diagnosis
- Patient Adherence
- Working with an Interpreter
- Non-Verbal Communication
- Relating to Patients' Families
- Health Disparities and Clinical Outcomes
- Cultural Groups
- Culturally Competent Organizations

General Web-based Training Resources

Clinical/Field Application Resources:

Cora-Bramble D. **Culturally Effective Care Toolkit**. American Academy of Pediatrics; 2011.

Available at: <http://practice.aap.org/culturallyeffective.aspx>

Resource provides brief information and general guiding principles and tools for practice in relation to the following topics:

- Culturally effective pediatric care
- Health beliefs and practices
- Nutrition, feeding, and body image perspectives
- Behavior and child development
- Language interpretation services
- Literacy and health literacy

University of Washington and Harborview Medical Center. **EthnoMed: Integrating Cultural Information into Clinical Practice.**

Available at: www.ethnomed.org

Website contains information about cultural and religious beliefs and medical issues related to the delivery of healthcare to immigrant populations. The site also includes a section with patient education materials that are available in 10 languages.

General Web-based Training Resources

INDEX

American Academy of Family Physicians. **Quality Care for Diverse Populations Videos.**

Albert Einstein College of Medicine and the Bronx Center to Reduce and Eliminate Racial and Ethnic Health Disparities. **Teaching Cases Exploring Cross-Cultural Care.** 2007.

American Association for Child and Adolescent Psychiatry. **Diversity and Cultural Competency Curriculum for Child and Adolescent Psychiatry Training.**

American Psychiatric Association. **Ethnic Minority Elderly Curriculum.**

Anne E. Dyson Community Pediatrics Training Initiative, Curriculum Committee. **Community Pediatrics Resources.** Children's Hospital Boston; 2004.

Association of American Medical Colleges. **MedEdPORTAL.**

Bradley LN. **Introduction to Cultural Competency and Title VI.** 2012. North Carolina Center for Public Health Preparedness.

Carter-Pokras O, Acosta DA, Lie D, et al. **Practice What You Teach: Curricular Products from the National Consortium for Multicultural Education for Health Professionals.** 2009.

Children's Hospital at Montefiore Medical Center and AIDS Education and Training Centers National Resource Center. **Treating Adolescents with HIV: Tools for Building Skills in Cultural Competence, Clinical Care, and Support.** 2007.

Clarke ME. **Cultural Competency in Healthcare: A Clinical Review and Video Vignettes from the National Medical Association.** 2008. Medscape.

Cora-Bramble D. **Culturally Effective Care Toolkit.** American Academy of Pediatrics; 2011.

General Web-based Training Resources

Fanlight Productions. **Healthcare: Cross-Cultural Issues.**

Georgetown University, National Center for Cultural Competence. **Curricula Enhancement Module Series.**

Group for the Advancement of Psychiatry, LGBT Issues Committee. **LGBT Mental Health Syllabus.** Hosted by Association of Gay and Lesbian Psychiatrists.

Hark L. **Culture and Communication: What Do You Need to Know?** Willis Eye Institute and Jefferson Medical College.

Kaiser Family Foundation. **KaiserEDU.org.**

Kaiser Permanente and The California Endowment. **The Multicultural Health Series.** 2005.

Lee GK, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Rehabilitation Counseling.** Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2009.

Lubinski R, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Speech-Language Pathology.** Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2008.

Management Sciences for Health and the U.S. Department of Health and Human Services/Health Resources and Services Administration. **Reducing Health Disparities in Asian American and Pacific Islander Populations.** 2005.

Management Sciences for Health and the U.S. Department of Health and Human Services/Health Resources and Services Administration. **The Provider's Guide to Quality and Culture.** 2006 (rev. 2008).

Meyer D, Michie J, Batista M, et al. **Training for Better Care: A Cultural Competency Curriculum for the Health Professions.** Columbia University.

General Web-based Training Resources

Mihalic AP, Dobbie AE. **Steps to Becoming Culturally and Linguistically Competent: A Pediatric Curriculum.** University of Texas Southwestern Medical Center and Children's Medical Center; 2009.

Nash A. **The New Americans: Series Guide and Activity Book.** 2004. Independent Television Service (ITVS) Community Connections Project.

National Consortium for Multicultural Education for Health Professionals. **Resources for Educators.** 2009.

Nochajski SM, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Occupational Therapy.** Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2008.

Panzarella KJ, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Physical Therapy.** Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2008.

Peterson-Iyer K. **Culturally Competent Care for Latino Patients.** Santa Clara University, Markkula Center for Applied Ethics.

Stanford University School of Medicine, Stanford Geriatric Education Center. **Webinar Series.**

Stanford University School of Medicine, Stanford Geriatric Education Center. **Mental Health Aspects of Diabetes in Elders from Diverse Ethnic Backgrounds.** 2005.

Trotter RT et al. **National Health Service Corps Educational Program for Clinical and Communication Issues in Primary Care: Cross-Cultural Issues in Primary Care Module.** 1994 (rev. 1999). National Center for Cultural Healing.

University of Pennsylvania, School of Medicine. **Cultural Competency Medical Education Program.** 2008.

General Web-based Training Resources

University of Texas Medical Branch and Smith Creek Studios. **Wider View.**

University of Texas Medical Branch. **Worldwide Health Information System Simulation Linkage.**

University of Washington and Harborview Medical Center. **EthnoMed: Integrating Cultural Information into Clinical Practice.**

Warren NS. **A Genetic Counseling Cultural Competence Toolkit.** 2010. National Society of Genetic Counselors.

Yeo G, ed. **Curriculum in Ethnogeriatrics: Core Curriculum and Ethnic Specific Modules.** Stanford University School of Medicine, Geriatric Education Center. 2001.

Methodology

In February 2011, a formal partnership to develop the Primer was established between the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities, and the University of Maryland College Park, School of Public Health and its Herschel S. Horowitz Center for Health Literacy.

To help inform the co-authors' development of the Primer, a series of **four workgroups** were formed during the period of October 2011 to September 2012 to provide external input and feedback on the development of the Primer's framework and its content.

Workgroup One: National Experts in Cultural Competency and Health Literacy

The first Workgroup convened in October 2011 at the 3rd Health Literacy Annual Research Conference in Chicago, Illinois. Thirty-one invitees, representing a balance of expertise in cultural competency, health literacy, and health care communication, were able to participate. Participants also included representatives from five State Offices of Minority Health (Arkansas, California, Indiana, Maryland, and Michigan), the National Institute of Minority Health and Health Disparities, the Agency for Healthcare Research and Quality, the Research Triangle Institute, and Adventist HealthCare, Inc.

Before the meeting, the participants were provided with background materials and were invited to participate in a preparatory conference call and email discussions so that they could begin to familiarize themselves with two examples of learning objectives that exist for cultural competency and health literacy.

The two sets of learning objectives that were reviewed by the workgroup are as follows:

1) Coleman, Hudson, Maine, Culbert. **Health Literacy Competencies for Health Professionals: Preliminary results of a Modified Delphi Consensus Study.** (Publication forthcoming).

2) Lie DA, Boker J, Crandall S, DeGannes CN, Elliott D, Henderson P, Kodjio C, Seng L. **Revising the Tool for Assessing Cultural Competence Training (TACCT) for curriculum evaluation: Findings derived from seven US schools and expert consensus.** Med Educ Online [serial online] 2008;13:11. Available at: <http://www.med-ed-online.org>

During the Workgroup meeting, the lead authors of the health literacy and cultural competency studies cited above (Dr. Clifford Coleman and Dr. Desiree Lie) made formal presentations to the Workgroup participants about the development of the respective health literacy and cultural competency learning objectives.

After reviewing each set of learning objectives, participants used a modified "Q Sort Methodology" to engage in a group process of matching the health literacy competencies (63 items) to the competencies presented in the revised Tool for Assessing Cultural Competency Training (42 items). Q Sort is a social science research method to study participants' subjectivity or point of view.

[Back to Table of Contents](#)

Methodology

Participants were assigned to cross-disciplinary groups with members having expertise in cultural competency, health literacy, health care communication, and minority health. Each group examined a subset of health literacy and cultural competency learning objectives. Group facilitators asked the participants to sort the learning objectives as addressing one of the following three categories: 1) Solely Cultural Competency, 2) Solely Health Literacy, or 3) Both Cultural Competency and Health Literacy.

Based on the results of the matching exercise and the larger group discussion, the participants were able to identify a core set of competencies that encompass both cultural competency and health literacy and to identify gaps, or missing learning objectives. In several instances, the workgroup participants provided suggestions for revised core competency language to more accurately reflect the integration of specific cultural competencies and health literacy competencies.

Workgroup Two: Educators of Maryland Health Professional Education Programs

Thirty invited educators, representing 23 different university- and community-college based health profession training programs in Maryland, attended Workgroup #2 in December 2011.

The combined core competencies derived during the October 2011 Workgroup #1 meeting were presented to invitees.

Using the results of the October 2011 matching exercise, the Workgroup #2 engaged in an exercise to link the combined core set of cultural and health literacy competencies to stage of learner (developmental sequencing).

The educators were assigned to groups based on discipline: 1) allied health; 2) dentistry, medicine, and pharmacy; 3) nursing (two groups); and 4) public health and social work. Group size and clusters were based on the number of affirmative responses to the Workgroup letter of invitation, which was sent to Maryland-based health profession schools or programs in each discipline: 15 allied health programs, 4 dental schools/programs, 21 nursing schools/programs, 3 medical schools, 3 pharmacy schools, 4 public health schools/programs, and 3 social work schools/programs.

The results of the October 2011 and December 2011 Workgroup exercises were analyzed and synthesized in early 2012 before being submitted back to both Workgroups via email for further commentary by conference call in March 2012. Based on the feedback from the two Workgroups, the framework for the Primer was refined further.

The first public draft of the Primer was released to both Workgroups in June 2012. The Workgroups submitted feedback on the draft via conference call in July 2012.

Methodology

Workgroup Three: Continuing Education Instructors and Administrators

Workgroup #3 was convened in August 2012. Participants included 21 continuing education administrators representing Maryland health occupation licensing boards, Maryland chapters of national health professional associations, and health system organizations across Maryland.

Participants provided overall feedback and comments on the draft Primer from the perspective of how it could be used in a continuing education setting. (August 2012)

Participants were assigned to groups that were each composed of the range of continuing education settings in attendance at the session.

Feedback was obtained from the participants in response to the following questions:

- What is needed to make the Primer useful for you and your constituents?
- What would be the best approach(es) for encouraging use of the guide in continuing education training programs?
- What might hinder use of the Primer? How could those blocks be prevented, reduced, or eliminated?
- Who else should be included in the review and feedback process?

Workgroup Four—Maryland Community Stakeholders

Workgroup #4 was held in September 2012. This group included stakeholders who could provide some community perspective from the 56-member Cultural and Linguistic Competency Workgroup of the Maryland Health Disparities Collaborative. Participants represented a broad range of community-based organizations, statewide health advocacy organizations, health systems and health plans, local health departments, and academic institutions.

Participants provided recommendations that will be useful for future iterations of the Primer. Recommendations highlighted the need to develop a process for soliciting input from consumer groups and other stakeholders, and the need to implement a mechanism to validate the effectiveness of the Primer's resources in achieving the core competency learning objectives outlined in the Primer's six modules.

In fall 2012, a final draft *Primer* was completed to incorporate feedback obtained from the four Workgroups. The input was utilized by the creators of this *Primer* to refine the core framework around which the *Primer* is organized.

Overall, participants' evaluations of the Workgroup sessions expressed the "importance and urgency for all health professions to come together to address this critical issue" and that "there is a lot to be done with integrating these two big themes of health literacy and cultural competency."

[Back to Table of Contents](#)

Methodology

Beginning in October 2012, over 150 reviewers (primarily educators and students) were recruited to conduct standardized evaluations of approximately 250 individual resources that were contained in draft Primer. The Web-based evaluation consists of queries regarding the quality and appropriateness of each resource in terms of content, instructional design, technical design, and consideration of contemporary social issues. The first round of resource reviews began in late November 2012. Future reviews will be ongoing as new resources are added to the Primer.

In preparation for future iterations of the *Primer*, plans are under consideration for developing additional training resources that are specific to bias and stereotyping — an under-addressed topic in the *Primer*.

The *Primer* will be posted on multiple websites for ease of access. Users of the Primer are invited to share their thoughts on the content of the guide and to propose the inclusion of additional resources.

Correspondence can be emailed to dhmh.healthdisparities@maryland.gov

[Back to Table of Contents](#)

APPENDIX

I. Statutes, Standards, and Policy Guidance

Maryland Statutes on Cultural Competency and Health Literacy

Other State Statutes on Cultural Competency Education

Federal Statutes Related to Cultural Competency and Language Access

Federal Policy Guidance, Standards, and Frameworks Related
to Cultural Competency, Health Literacy, and Language Access

Accreditation and Consensus Standards on Organizational Cultural Competency

II. Examples of Cultural Competency Education Frameworks Developed by Health Profession Accrediting Agencies and Professional Associations

III. Examples of International Standards on Cultural Competency

IV. Selected Reference Resources

V. Health Disparities Research Academic Centers in Maryland

[Back to Table of Contents](#)

APPENDIX I: Statutes, Standards, and Policy Guidance

Maryland Statutes on Cultural Competency and Health Literacy

Maryland Code Health-General § 19-134, § 19-303, § 20-904 and §§ 20-1401 – 20-1407 (enacted in 2012): “**Maryland Health Improvement and Disparities Reduction Act of 2012**” seeks to reduce health disparities, increase access to care and better health outcomes among underserved communities, and reduce health care costs.

The statute includes the following cultural competency provisions:

- Demonstrated cultural, linguistic, and health literacy competency by health care professionals who apply for Maryland’s health enterprise zone incentives;
- Implementation of a health plan evaluation system that incorporates a standard set of measures, including actions taken by health plans to track and reduce health disparities and whether health plans provide culturally appropriate educational materials of their members; and,
- Convening a Workgroup of the Maryland Health Quality and Cost Council to:
 - (1) Examine appropriate standards for cultural and linguistic competency for medical and behavioral health treatment and the feasibility and desirability of incorporating these standards into reporting by health care providers and tiering of reimbursement rates by payors;
 - (2) Assess the feasibility of and develop recommendations for criteria and standards establishing multicultural health care equity and assessment programs for the Maryland Patient Centered Medical Home program and other health care settings; and
 - (3) Recommend criteria for health care providers in Maryland to receive continuing education in multicultural health care, including cultural competency and health literacy training.

A final report of the Workgroup’s findings is to be submitted to the Council by December 2013.

APPENDIX I: Statutes, Standards, and Policy Guidance

Maryland Statutes on Cultural Competency and Health Literacy

Maryland Code Health-General §§ 20-1001 – 20-1004(15) and §§ 20-1301 – 20-1304 (reenacted with amendments in 2012): **“Cultural Competency and Health Literacy – Education”** revises the 2008 statute (Maryland Code Health-General § 20-1001 and § 20-1004(15)) which required schools of medicine, nursing, dentistry, and pharmacy to report on courses they are offering to address both cultural and linguistic competency and health literacy. The revised statute expands the reporting mandate to include schools of social work, public health, and allied health.

The statute calls for institutions of higher education to work collaboratively with the Maryland Office of Minority Health and Health Disparities to develop courses on cultural competency, cultural sensitivity and health literacy designed to address the problem of racial and ethnic disparities.

Maryland Code Health-General §§ 1-214 – 1-218 and §§ 1-601 – 1-609 (enacted in 2010): **“Health Occupations Boards – Revisions”** requires the Maryland Health Occupations Boards to collect race and ethnicity data as part of the Boards’ licensing, certifying, or renewal processes; and notify all licensees of Board vacancies and ensure to the extent practicable that Board members reflect the geographic, racial, ethnic, cultural, and gender diversity of the state.

The statute also requires collaborative development of a cultural competency training process and relevant materials for new board members.

APPENDIX I: Statutes, Standards, and Policy Guidance

Maryland Statutes on Cultural Competency and Health Literacy

Maryland Code Health-General §§ 20-1301 – 20-1304 (enacted in 2009):
“**Cultural and Linguistic Health Care Provider Competency Program**” establishes a Cultural and Linguistic Health Care Provider Competency Program, which encourages health professional associations in Maryland to identify or develop training programs focused on teaching healthcare professionals methods to improve their cultural and linguistic competency and communication with patients, incorporate cultural beliefs and practices in the diagnosis and treatment of patients, and improve patients’ health literacy and their ability to make appropriate health care decisions.

The statute also requires the Maryland Department of Health and Mental Hygiene to develop a method through which the health occupation licensing boards will recognize such cultural competency training received by health care professionals.

Maryland Code Health-General § 20-1001 and § 20-1004 (15) (enacted in 2008): “**Health Disparities – Institutions of Higher Education – Report**” required universities, colleges, and higher education programs of medicine, nursing, pharmacy, and dentistry in Maryland to report to three General Assembly committees and MHHD on their courses that address cultural competency, sensitivity, and health literacy.

MHHD worked with the programs to develop a reporting format, collect the data, and provide an analysis of the findings.

A final report was submitted to the Maryland General Assembly in 2009.

APPENDIX I: Statutes, Standards, and Policy Guidance

Maryland Statutes on Cultural Competency and Health Literacy

Maryland Code Health-General § 10-211 and § 11-406 (enacted in 2008): **“Institutions of Higher Education – Plans for Programs of Cultural Diversity”** requires institutions of higher education to report annually to their respective governing bodies or the Maryland Independent Colleges and Universities Association (MICUA) on programs that promote and enhance cultural diversity.

MICUA and the governing bodies must report their findings to the Maryland Higher Education Commission (MHEC), which subsequently presents an annual report to the Maryland General Assembly.

Maryland Chapter 412, Acts of 2007 (enacted in 2007): **“Workgroup on Cultural Competency and Workforce Development for Mental Health Professionals”** required MHHD to convene a workgroup on cultural competency and workforce development for mental health professionals.

The workgroup set forth recommendations that related to the need to facilitate the licensure or certification of foreign-born and foreign-trained mental health professionals to the full scope allowed by State and Federal law, and development of training programs, educational materials and other initiatives to enhance the cultural competency of all mental health professionals.

A final report was submitted to the Maryland General Assembly in 2008.

APPENDIX I: Statutes, Standards, and Policy Guidance

Maryland Statutes on Cultural Competency and Health Literacy

Maryland Code Health-General § 20-1101 (enacted in 2006): “**Cultural Competency and Health Outcomes – Pilot Program**” required the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities to provide technical assistance to selected community-based hospital systems for a specified 3-year pilot program to address the cultural competency training of health care providers and track changes in specified health outcome measures.

Maryland Code Health-General §§ 20-801 – 20-804 (enacted in 2003): “**Health Care Services Disparities Prevention Act**” encouraged institutions of higher education and hospitals to implement curriculum and continuing education courses and seminars that address the issue of health care services disparities of minority populations, as reported in the findings of the Institute of Medicine’s report “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.”

The statute also required the Maryland Department of Health and Mental Hygiene to work in consultation with the Maryland Healthcare Foundation and other identified entities to develop and implement a coordinated program delivery system plan to reduce health care disparities based on gender, race, ethnicity, and poverty.

APPENDIX I: Statutes, Standards, and Policy Guidance

Other State Statutes on Cultural Competency Education (as of December 2012)

California Business and Professional Code § 2190.1 (enacted in 2006):

The Medical Board of California requires all continuing medical education (CME) courses that have a patient care component and are offered by CME providers in California to contain curriculum that includes cultural and linguistic competency in the practice of medicine. Licensees are required to complete 50 CME credits every two years. All CME courses must be accredited by either the California Medical Association or the Accreditation Council for Continuing Medical Education.

The following criteria are recommended as minimally acceptable course content related to cultural and linguistic competency:

- Applying linguistic skills to communicate effectively with the target population;
- Utilizing cultural information to establish therapeutic relationships;
- Eliciting and incorporating pertinent cultural data in diagnosis and treatment; and,
- Understanding and applying cultural and ethnic data to the process of clinical care.

Connecticut General Statute § 20-10b (enacted in 2010):

The Connecticut Department of Public Health requires one contact hour of education or training in cultural competency every 2 years. Qualifying continuing medical education activities include, but are not limited to, courses offered or approved by the American Medical Association, American Osteopathic Medical Association, Connecticut Hospital Association, Connecticut State Medical Society, county medical societies or equivalent organizations in another jurisdiction, educational offerings sponsored by a hospital or other health care institution or courses offered by a regionally accredited academic institution or a state or local health department.

APPENDIX I: Statutes, Standards, and Policy Guidance

Other State Statutes on Cultural Competency Education (as of December 2012)

New Jersey Revised Statute § 45:9-7.2 et. seq. (enacted in 2005):

The New Jersey Board of Medical Examiners requires physicians who were licensed in the State prior to the effective date of the statute to demonstrate participation in cultural competency training as a condition of license renewal. Physicians who obtain a medical degree from a school of medicine in New Jersey after the effective date of the statute are not required to fulfill this continuing education requirement, as the statute includes separate provisions that mandate the inclusion of cultural competency training in the medical school curriculum.

Physicians who receive a medical degree at a school of medicine outside of New Jersey and are seeking licensure in the state for the first time are also required to participate in cultural competency continuing education, unless proof of such prior training can be demonstrated. The 6-hour continuing education mandate is a one-time requirement that is not repeated for each license renewal period.

New Mexico Chapter 114 of the Acts of 2007 (enacted in 2007):

A temporary provision required the New Mexico Secretary of Higher Education to appoint a task force on cultural competence to study and make recommendations on specific cultural competence curricula for each health-related training program offered in the state's public higher education institutions.

The curricula would be required to cover cross-cultural communication; culturally and linguistically appropriate health policy considerations; exploration of health beliefs and explanatory models; culturally competent health care delivery; health disparities, privilege and equity factors in the health system; and culturally and linguistically competent care supported by policy, administration and practice. The curricula would be designed to be offered electronically and through other distance-education models.

APPENDIX I: Statutes, Standards, and Policy Guidance

Other State Statutes on Cultural Competency Education (as of December 2012)

Washington Revised Code § 43.70.615 (enacted in 2006):

The Washington State Department of Health is required (contingent upon available funding) to establish an ongoing continuing education program in multicultural health for the health professions regulated by the Department. The education program would be developed in consultation and collaboration with the health occupation boards and commissions, and the health profession education programs in the State. The Department of Health and the health boards and commissions are authorized to require that instructors of continuing education programs integrate multicultural health into their curricula when appropriate to the subject matter of the instruction.

In a separate provision, the statute requires each education program that trains licensed health professionals in the state to incorporate multicultural health into the program's basic education curriculum. The Department of Health may not deny the health professional licensing application of an individual on the basis that his or her training program did not include integrated curriculum on multicultural health as part of the basic education program.

In addition to legislation on cultural competence curriculum, many states have legislated the provision of language access services for limited English proficient patients and clients. Although details of State legislation on language access services are not provided in this publication, brief descriptions of Federal statutes and policy guidance related to language access are provided below.

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Statutes Related to Cultural Competency and Language Access

Executive Order 13166 of August 11, 2000: Improving Access to Services for Persons with Limited English Proficiency. Federal Register 65 (159):50121-50122.

Available at: <http://www.gpo.gov/fdsys/pkg/FR-2000-08-16/pdf/00-20938.pdf>

The Executive Order requires each Federal agency to conduct a needs assessment of the agency's services for persons with limited English proficiency, and to develop and implement a system to provide the services that are lacking. The Executive Order also requires Federal agencies to ensure that Federally-funded providers of health and social services provide meaningful access to such services for limited English proficient applicants and beneficiaries.

Patient Protection and Affordable Care Act. 42 U.S.C. § 18001.

Available at: <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

The Affordable Care Act features a number of provisions that target various underserved communities, in an effort to address the health care needs of all Americans. For example, Section 5307 of the Affordable Care Act allows for the award of Federal grants for the purpose of developing, evaluating, and disseminating research, demonstration projects, and model training curricula for "cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities." Curricula would be for use in health professions schools and continuing education programs.

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Statutes Related to Cultural Competency and Language Access

Plain Writing Act of 2010. 5 U.S.C. § 301

Available at: <http://www.gpo.gov/fdsys/pkg/PLAW-111publ274/pdf/PLAW-111publ274.pdf>

The Plain Writing Act requires Federal agencies to use “clear Government communication that the public can understand and use”. The Law applies to all Federal publications, forms, and publicly distributed documents. These documents should be written in a “clear, concise, well-organized” manner. Each agency publishes an annual report on their activities in compliance with the Act.

Section 504 of the Rehabilitation Act of 1973. 29 U.S.C. § 794.

Available at: <http://www.gpo.gov/fdsys/pkg/USCODE-2007-title29/html/USCODE-2007-title29-chap16-subchapV-sec794.htm>

Section 504 states: “No otherwise qualified individual with a disability in the United States, as defined in section 705(20) of this title, shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service.” Individuals who are deaf or who have hearing, speech or visual impairments are included among those who are protected against denial of services. Federally-funded health facilities and programs must provide auxiliary aids when necessary to ensure effective communication.

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Statutes Related to Cultural Competency and Language Access

Title VI of the U.S. Civil Rights Act of 1964. 42 U.S.C. § 2000d.

Available at: <http://www.gpo.gov/fdsys/pkg/USCODE-2011-title42/html/USCODE-2011-title42-chap21-subchapV-sec2000d.htm>

Title VI states: “No person in the United States shall, on ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” Title VI protections extend to persons with limited English proficiency based on the prohibition of national origin discrimination.

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Policy Guidance, Standards, and Frameworks Related to Cultural Competency, Health Literacy, and Language Access

HHS Office for Civil Rights. (2003). **Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons.**

Available at: www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html (secondary access: <http://www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf>)

The Policy Guidance is intended for health and social services providers who receive Federal funding from the U.S. Department of Health and Human Services. The Guidance clarifies providers' responsibilities to limited English proficient (LEP) individuals under Title VI of the Civil Rights Act of 1964.

Specifically, the Guidance addresses the following issues:

- What health and social service entities are covered under the Guidance?
- How is the extent of the obligation determined?
- Who is considered to be an LEP individual?
- How should language assistance services be selected?
- What are the elements of an effective language assistance plan?
- How is Title VI compliance determined?

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Policy Guidance, Standards, and Frameworks Related to Cultural Competency, Health Literacy, and Language Access

HHS Office of Disease Prevention and Health Promotion. (2010). **Healthy People 2020**.

Available at: <http://www.healthypeople.gov/2020/default.aspx>

Healthy People 2020 provides a comprehensive outline of national health promotion and disease prevention goals, objectives, and progress measures with 10-year targets. Designed to improve the health of all people in the United States, Healthy People 2020 includes an emphasis on health equity and the elimination of health disparities.

Included within Healthy People 2020's 42 topic areas are objectives that focus on:

- (A) Improving the health literacy of the population;
- (B) Increasing the proportion of persons who are satisfied with their health care providers' communication skills;
- (C) Increasing the proportion of persons whose health care providers engage them in health care decisions; and
- (D) Increasing the proportion of health professional degree-granting universities whose required curriculum includes content on cultural diversity.

The four overarching goals of Healthy People 2020 are:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death;
- Achieve health equity, eliminate disparities, and improve the health of all groups;
- Create social and physical environments that promote good health for all;
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Policy Guidance, Standards, and Frameworks Related to Cultural Competency, Health Literacy, and Language Access

HHS Office of Disease Prevention and Health Promotion. (2010). **National Action Plan to Improve Health Literacy.**

Available at: <http://www.health.gov/communication/hlactionplan/>

The Action Plan outlines seven goals with corresponding multi-sector strategies for improving health literacy nationally. The Plan is based on the following two premises: “(1) everyone has the right to health information that helps them make informed decisions and (2) health services should be delivered in ways that are understandable and beneficial to health, longevity, and quality of life.”

The seven goals outlined in the Plan are as follows:

- Develop and disseminate health and safety information that is accurate, accessible, and actionable;
- Promote changes in the health care system that improve health information, communication, informed decision-making, and access to health services;
- Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level;
- Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community;
- Build partnerships, develop guidance, and change policies;
- Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy;
- Increase the dissemination and use of evidence-based health literacy practices and interventions.

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Policy Guidance, Standards, and Frameworks Related to Cultural Competency, Health Literacy, and Language Access

HHS Office of Minority Health. (2000). **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care.**

Available at: https://www.thinkculturalhealth.hhs.gov/Content/clas.asp#clas_standards

First released in 2000, the CLAS Standards outline basic principles that health care organizations and individual health care providers can undertake to make health care services more culturally and linguistically accessible. The Standards address: (1) Culturally Competent Care; (2) Language Access Services; and (3) Organizational Supports.

With input from organizations and practitioners in the field, the HHS Office of Minority Health has revised the CLAS Standards in order to ensure that the Standards remain “current and appropriate” and reflect the most promising practices and experiences of providers in the field.

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Policy Guidance, Standards, and Frameworks Related to Cultural Competency, Health Literacy, and Language Access

HHS Office of Minority Health and the National Partnership for Action to End Health Disparities. (2011). **National Stakeholder Strategy for Achieving Health Equity.**

Available at: <http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>

The Strategy document presents a set of five goals with objectives for public and private sector health equity initiatives and partnerships. The purpose of the initiatives and partnerships is to assist racial and ethnic minority communities and underserved populations in reaching their full health potential through community-driven approaches to disparities reduction and health equity.

The five goals set forth by the Strategy document are:

- Awareness – Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations.
- Leadership – Strengthen and broaden leadership for addressing health disparities at all levels.
- Health System and Life Experience – Improve health and healthcare outcomes for racial, ethnic, and underserved populations.
- Cultural and Linguistic Competency – Improve cultural and linguistic competency and the diversity of the health-related workforce.
- Data, Research, and Evaluation – Improve data availability, coordination, utilization, and diffusion of research and evaluation outcomes.

APPENDIX I: Statutes, Standards, and Policy Guidance

Accreditation and Consensus Standards on Organizational Cultural Competency

Joint Commission. (2010). **Patient-Centered Communication Standards for Hospitals.**

Available at: http://www.jointcommission.org/Advancing_Effective_Communication/

The Joint Commission accredits and certifies hospitals, doctor's offices, nursing homes, ambulatory surgery centers, behavioral health treatment facilities, and home care providers. In 2010, the Joint Commission released hospital accreditation standards for patient-centered communication; and the standards went into effect fully in July 2012.

The standards pertain to the following topic areas:

- Hospital admissions process;
- Patient assessments;
- Delivery of health care treatment;
- End-of-life care;
- Hospital discharge and transfer;
- Organizational leadership;
- Collection and use of data;
- Hospital workforce; and,
- Patient, family and community engagement.

APPENDIX I: Statutes, Standards, and Policy Guidance

Accreditation and Consensus Standards on Organizational Cultural Competency

National Committee for Quality Assurance. (2010). **Standards and Guidelines for Distinction in Multicultural Health Care.**

Available at: <http://www.ncqa.org/Portals/0/Public%20Policy/NCQA%20MHC%20fact%20sheet.pdf>

Secondary access: <http://www.cpehn.org/pdfs/Standards%20for%20Multicultural%20Health%20Care%20-%20NCQA.pdf>

The National Committee for Quality Assurance (NCQA) accredits and certifies a range of health care organizations, including health plans, managed behavioral healthcare organizations, and wellness and health promotion vendors. NCQA's Multicultural Health Care Standards were developed from consensus-based standards and recommendations adopted by the U.S. Department of Health and Human Services/Office of Minority Health, the National Quality Forum, and the Institute of Medicine's Subcommittee on Data Standardization.

The Standards were released in 2010 as a voluntary program that addresses five themes:

- Race, ethnicity and language data;
- Language services;
- Cultural responsiveness;
- Culturally and linguistically appropriate services (CLAS) programs; and
- Reducing health disparities.

APPENDIX I: Statutes, Standards, and Policy Guidance

Accreditation and Consensus Standards on Organizational Cultural Competency

National Quality Forum. (2009). **Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competence.**

Available at: http://www.qualityforum.org/projects/cultural_competency.aspx

The National Quality Forum (NQF) is a coalition of national organizations representing health plans and health care consumers, providers, purchasers, suppliers, and evaluators. NQF outlines 45 preferred practices for providing culturally and linguistically appropriate care.

The preferred practices address the following seven themes:

- Leadership;
- Integration into management systems and operations;
- Patient-provider communication;
- Care delivery and supporting mechanisms;
- Workforce diversity and training;
- Community engagement; and
- Data collection, public accountability, and quality improvement.

APPENDIX II: Examples of Cultural Competency Education Frameworks Developed by Health Profession Accrediting Agencies and Professional Associations (*United States*)

Association of American Medical Colleges/Association of Schools of Public Health, “Cultural Competence Education for Students in Medicine and Public Health,” available at: <http://www.asph.org/UserFiles/11-278%20CulturCompet%20Interactive%20final.pdf>

American Association of Colleges of Nursing, “Cultural Competency in Nursing Education,” available at: <http://www.aacn.nche.edu/Education/cultural.htm>

American Medical Student Association, “Achieving Diversity in Dentistry and Medicine Project – Cultural Competency Curricular Guidelines for Medical and/or Dental Schools,” available at: <http://www.amsafoundation.org/pdf/CulturalCompCurriculum.pdf>

American Physical Therapy Association, “Blueprint for Teaching Cultural Competence in Physical Therapy Education,” available at: <http://www.apta.org/CulturalCompetence/>

American Psychological Association, “Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists,” available at: <http://www.apa.org/pi/oema/resources/policy/multicultural-guidelines.aspx>

Association of American Medical Colleges, “Tool for Assessing Cultural Competence Training (TACCT),” available at: <https://www.aamc.org/initiatives/tacct/>

Association of Schools and Colleges of Optometry, “ASCO Guidelines for Culturally Competent Eye and Vision Care,” available at: http://www.opted.org/files/public/Guidelines_Culturally_Competent_Feb2009.pdf

APPENDIX II: Examples of Cultural Competency Education Frameworks Developed by Health Profession Accrediting Agencies and Professional Associations (*United States*)

Association of Schools of Public Health, “Master’s Degree in Public Health Core Competency Model,” available at: http://www.asph.org/publication/MPH_Core_Competency_Model/index.html; and “Doctor of Public Health Core Competency Model,” available at: http://www.asph.org/publication/DrPH_Core_Competency_Model/index.html

National Association of Social Workers, “NASW Standards for Cultural Competence in Social Work Practice,” available at: <http://www.socialworkers.org/practice/standards/NASWCulturalStandards.pdf>

Society of Teachers of Family Medicine, “Recommended Core Curriculum Guidelines on Culturally Sensitive and Competent Health Care,” available at: <http://www.stfm.org/group/minority/guidelines.cfm>

APPENDIX III: Examples of International Standards on Cultural Competency (*English Language*)

Council of Europe. "Recommendation CM/Rec(2011)13 of the Committee of Ministers to Member States on Mobility, Migration and Access to Health Care," available at: [https://wcd.coe.int/ViewDoc.jsp?Ref=CM/Rec\(2011\)13&Language=lanEnglish&Ver=original&Site=CM&BackColorInternet=C3C3C3&BackColorIntranet=EDB021&BackColorLogged=F5D383#RelatedDocuments](https://wcd.coe.int/ViewDoc.jsp?Ref=CM/Rec(2011)13&Language=lanEnglish&Ver=original&Site=CM&BackColorInternet=C3C3C3&BackColorIntranet=EDB021&BackColorLogged=F5D383#RelatedDocuments)

Council of Europe. "Recommendation Rec(2006)18 of the Committee of Ministers to Member States on Health Services in a Multicultural Society," available at: <https://wcd.coe.int/ViewDoc.jsp?id=1062769&Site=CM>

European Commission, Migrant Friendly Hospitals Task-Force. "The Amsterdam Declaration. Towards Migrant-Friendly-Hospitals in an Ethno-cultural Europe," available at: http://ec.europa.eu/health/ph_projects/2002/promotion/fp_promotion_2002_annex7_14_en.pdf

Medical Council of New Zealand. "Statement on Cultural Competence," available at: <http://www.mcnz.org.nz/assets/News-and-Publications/Statements/Statement-on-cultural-competence.pdf>

Multicultural Mental Health Australia. "National Cultural Competency Tool (NCCT) for Mental Health Services," available at: www.mhima.org.au/_literature_73821/NCCT

National Health Service (Scotland). "Fair For All: Summary and Recommendations," available at: <http://www.scotland.gov.uk/Resource/Doc/159176/0043303.pdf>

National Health Service (United Kingdom), Equality and Diversity Council. "The Equality Delivery System for the NHS," available at: <http://www.eastmidlands.nhs.uk/about-us/inclusion/eds/>

New Zealand Registered Dietician Board. "Guidelines for Cultural Competency: For Dietitians Registered under the Health Practitioners Competence Assurance Act (New Zealand)," available at: http://www.dietitiansboard.org.nz/webfm_send/33

APPENDIX III: Examples of International Standards on Cultural Competency (*English Language*)

Nursing Council of New Zealand. "Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice," available at: <http://www.nursingcouncil.org.nz/download/97/cultural-safety11.pdf>

State Government of Victoria, Australia, Department of Health. "Cultural Responsiveness Framework," available at: <http://www.health.vic.gov.au/cald/cultural-responsiveness-framework>

World Health Organization - Health Promoting Hospitals Network, Task Force on Migrant Friendly and Culturally Competent Care. "Project to Develop Standards for Equity in Health Care for Migrants and Other Vulnerable Groups: Preliminary Standards for Pilot-Testing in Health Care Organizations," available at: http://www.ausl.re.it/HPH/FrontEnd/Home/Default.aspx?channel_id=38

APPENDIX IV: Selected Reference Resources

American Association of Colleges of Nursing. **Tool Kit for Cultural Competence in Master's and Doctoral Nursing Education.** 2011 (revised).

Available at: http://www.aacn.nche.edu/education-resources/Cultural_Competency_Toolkit_Grad.pdf

Document highlights references and resources on models and theories for cultural competency; cross-cultural communication; development of cultural competency education; and culturally competent research.

American Association of Colleges of Nursing. **Tool Kit of Resources for Culturally Competent Education for Baccalaureate Nurses.** 2008.

Available at: <http://www.aacn.nche.edu/education-resources/toolkit.pdf>

Document includes references and resources on key concepts related to cultural competency; models for culturally competent care; learning strategies to foster cultural competency; and culturally competent practice and research.

American Association of Colleges of Pharmacy. **Learning Communities: Cultural Competence and Diversity.**

Available at: <http://www.aacp.org/resources/learningcommunities/Pages/CulturalCompetenceandDiversity.aspx>

Brief compilation of resources relevant to cultural competence in health professions training.

American Psychological Association. **Multicultural Training Resources: Ethnic Minority Affairs Office.**

Available at: <http://www.apa.org/pi/oema/resources/multicultural-training.aspx>

Website includes several sets of multicultural service delivery guidelines and other relevant resources, such as those pertaining to the topics of immigration and racism.

APPENDIX IV: Selected Reference Resources

California Endowment. **A Manager's Guide to Cultural Competence Education for Health Care Professionals**. 2003.

Available at: [http://www1.calendow.org/uploadedFiles/managers_guide_cultural_competence\(1\).pdf](http://www1.calendow.org/uploadedFiles/managers_guide_cultural_competence(1).pdf)

Reference discusses issues to consider when planning cultural competence training for health care professionals. Included are citations and descriptions of resources that discuss conceptual models of culturally competent health care and the assessment of cultural competence among health care organizations and providers.

California Endowment. **Principles and Recommended Standards for Cultural Competence Education of Health Care Professionals**. 2003.

Available at: http://www1.calendow.org/uploadedFiles/principles_standards_cultural_competence.pdf

Reference highlights several guiding principles for cultural competence education, including recommended standards for:

- Training methods and modalities;
- Evaluation of cultural competence learning; and,
- Qualifications of cultural competence educators and trainers.

Appendices include references on models of culturally competent care, descriptions of video-based case studies; and organization websites for supplemental information.

Further references are provided in the companion piece "**Resources in Cultural Competence Education for Health Care Professionals**" (2003), available at: http://www1.calendow.org/uploadedFiles/resources_in_cultural_competence.pdf

APPENDIX IV: Selected Reference Resources

Chin JL. **Cultural Competence and Health Care.** Council for the National Register of Health Service Providers in Psychology; 2003.
Available at: <http://nationalregister.org/e-psychologist/module7.pdf>

Module discusses the following topics (among others) which may be useful in the professional development of health profession educators:

- Issues associated with training health providers to be culturally competent;
- Some of the indicators of cultural competence and what it means to be a culturally competent health provider; and,
- Principles of cultural competence and evaluation of the cultural competence of health providers.

Drexel University School of Public Health. **National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities.**

Available at: <http://www.diversitypreparedness.org/>

Online clearinghouse and information exchange portal designed to facilitate communication, networking and collaboration to improve preparedness, build resilience and eliminate disparities for racially and ethnically diverse communities in public health emergencies. (Abstract from HHS Office of Minority Health)

Georgetown University, Maternal and Child Health (MCH) Library. **Culturally Competent Services: Resource Brief.**

Available at: <http://www.mchlibrary.info/guides/culturalcompetence.html>

Brief list of relevant Web links and MCH Library resources on cultural competency, including relevant bibliographies and organizations.

APPENDIX IV: Selected Reference Resources

Joint Commission. **Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals**. 2010.

Available at: <http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf>

Resource provides examples of recommended practices to address issues related to cultural competence and patient-centered care and communication during the following hospital-based processes:

- Hospital admission
- Patient assessment
- Treatment
- End-of-life care
- Discharge and transfer
- Organization readiness (leadership; collection and use of data; workforce; delivery of care; and patient, family, and community engagement).

Also includes an extensive list of supplemental resources, including those related to addressing the needs of the specific populations (e.g., persons with disabilities; persons with poor vision or hearing; persons with physical or cognitive communication needs).

APPENDIX IV: Selected Reference Resources

Lypson M, et al. **Multicultural Education for Faculty: Scenes from the Movie “Crash”**. University of Michigan; 2010.

Available at:

<http://open.umich.edu/education/med/resources/multicultural-education-faculty/2010>

Workshop training material to assist faculty in facilitating discussions on race, gender, sexual orientation, and socioeconomic diversity. Participants will view scenes from the Academy Award-winning film “Crash” and use the scenes as the basis for discussion and reflection on personal and professional experiences and identities.

The purpose of the workshop is to model the types of discussions that faculty would facilitate with students to foster their critical awareness of the impact of assumptions, biases, and prejudice in patient-provider interactions. The training material includes a timed agenda, suggested session format and process, discussion questions, and a sample evaluation form. The workshop is structured as a 1.5-hour session. The workshop facilitator would need to obtain a copy of the film.

National Association of County and City Health Officials (NACCHO). **Toolbox**.

Available at: <http://www.naccho.org/toolbox/>

Collection of case examples, presentations, fact sheets, training materials, and other resources developed by public health professionals on various topics including community assessments, cultural competency, health equity, immigrant and refugee health, and vulnerable populations.

National Library of Medicine. **Multi-Cultural Resources for Health Information**.

Available at: <http://sis.nlm.nih.gov/outreach/multicultural.html>

Compilation of Website links to resources on cultural competency, health literacy, limited English proficiency, and interpreting in health care.

APPENDIX IV: Selected Reference Resources

Smedley BD, Stith AY, Nelson AR (eds.). **Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care**. Institute of Medicine. Washington, DC: National Academies Press; 2002.
Available at: http://www.nap.edu/catalog.php?record_id=10260 (free download)

Landmark report on the evidence base and potential sources of racial and ethnic disparities in health care, provides recommendations on organizational and policy-level interventions to eliminate such disparities.

University of California-San Francisco, Fresno Center for Medical Education and Research. **Hablamos Juntos: Language Policy and Practice in Health Care**.
Available at: www.hablamosjuntos.org/resources/default.resources.asp#rwo

An archive of literature, papers, reports and data on the following language access issues:

- (1) The state of health care for persons with limited English proficiency (LEP);
- (2) Population change and language data;
- (3) The business case for language access;
- (4) Legal requirements and government policy related to language access;
- (5) Organizational approaches to language access;
- (6) Interpreters and interpreting;
- (7) Translation and quality written materials;
- (8) Signage; and
- (9) Ethics and culture.

APPENDIX IV: Selected Reference Resources

University of Maryland, Health Sciences and Human Services Library. **Health Literacy Resources.**

Available at: <http://guides.hshsl.umaryland.edu/healthliteracy>

Web guide provides links to U.S. information resources on health literacy and clear health communication.

University of Maryland Medical Center. **Índice Médico De la Enciclopedia – Español.**

Available at: http://www.umm.edu/esp_ency/

Online Spanish medical encyclopedia that is organized by the following broad terms: symptoms, injury, disease, surgery, nutrition, poison, tests, and special topics. The encyclopedia allows the user to toggle between English and Spanish language text.

Urban Institute. **Children of Immigrants Data Tool.**

Available at: <http://datatool.urban.org/charts/datatool/pages.cfm>

The interactive tool uses American Community Survey (U.S. Census Bureau) data to generate graphs and charts illustrating child and family linguistic and socioeconomic characteristics based on the country of birth and citizenship of children and their families in the U.S.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **AHRQ Health Care Innovations Exchange.**

Available at: <http://www.innovations.ahrq.gov/culturalcompetence.aspx>

Searchable database of evidence-based innovations and practical tools for advancing delivery of culturally and linguistically-competent health care in a range of health care settings.

APPENDIX IV: Selected Reference Resources

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **AHRQ Pharmacy Health Literacy Center.**
Available at: <http://www.ahrq.gov/pharmhealthlit/>

Website provides pharmacists with recently released tools and other resources from the Agency for Healthcare Research and Quality to assist pharmacists in addressing health literacy concerns.
(Abstract adapted from HHS)

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **Health Literacy and Cultural Competency: HHS Resource Links.**
Available at: <http://www.ahrq.gov/browse/hlitres.htm>

Comprehensive list of health literacy and cultural competency Websites hosted by the U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **Improving Access to Language Services in Health Care: A Look at National and State Efforts;** 2009.
Available at: www.ahrq.gov/populations/languageservicesbr.pdf

The issue brief explores national efforts to address language barriers for patients with limited English proficiency. It identifies challenges to delivering language services and highlights successes and implications for future policy as well as activities related to providing language services.
(Abstract from HHS Office of Minority Health)

APPENDIX IV: Selected Reference Resources

U.S. Department of Health and Human Services, National Center for Health Statistics. **Health Indicators Warehouse.**

Available at: <http://healthindicators.gov/>

The warehouse is a data hub of national, state and community health data, indicators, and evidence-based interventions to help users of the hub understand community-level health and healthcare system performance as well as opportunities for performance improvement.

Topics include the following: Chronic disease and conditions; Demographics; Disabilities; Geography; Health behaviors; Health care resources; Health outcomes; Health risk factors; Hospital referral region; Injury and violence; Maternal and infant health; Mental health and substance abuse; Occupational health and safety; Oral health; Physical environment; Prevention; Public health infrastructure; and Social determinants of health.

(Abstract adapted from HHS)

U.S. Department of Health and Human Services, Office of Minority Health. **Knowledge Center.**

Available at: <http://minorityhealth.hhs.gov/templates/opac.aspx>

Searchable catalog of books, reports, journal articles, audiovisual resources, and organizations that address racial and ethnic minority health issues.

APPENDIX IV: Selected Reference Resources

U.S. Department of Health and Human Services, Health Resources and Services Administration. **Transforming the Face of Health Professions Through Cultural and Linguistic Competence Education: The Role of HRSA Centers of Excellence.** 2005.

Available at: <http://www.hrsa.gov/culturalcompetence/cultcompedu.pdf>

Curriculum guide includes extensive materials and recommendations related to the design and implementation of cultural competency education.

Topics include:

- (1) Guiding principles and goal of cultural competency education;
- (2) Strategies for successful implementation;
- (3) Establishing a curriculum framework; and
- (4) Guidance on curriculum content.

[Back to Table of Contents](#)

APPENDIX V: Health Disparities Research Academic Centers in Maryland

Johns Hopkins University

Center for American Indian Health

Johns Hopkins School of Public Health
621 N. Washington Street
Baltimore, MD 21205
(410) 955-6931

Website: <http://www.jhsph.edu/research/centers-and-institutes/center-for-american-indian-health/>

Hopkins Center for Eliminate Cardiovascular Health Disparities

Johns Hopkins School of Medicine
2024 E. Monument Street, Suite 2-500
Baltimore, Maryland 21287
(410) 614-2412

Website: <http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-to-eliminate-cardiovascular-health-disparities/>

Hopkins Center for Health Disparities Solutions

Johns Hopkins Bloomberg School of Public Health
Department of Health Policy and Management
624 N. Broadway, Suite 441
Baltimore, MD 21205
(410) 614-5983

Website: <http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-health-disparities-solutions/index.html>

Hopkins Center to Reduce Cancer Disparities

East Baltimore Medical Center
1000 East Eager Street
Baltimore, MD 21202
(443) 287-3564
(410) 955-2464

Website: http://www.hopkinsmedicine.org/kimmel_cancer_center/centers/community_outreach/cancer_disparities_center.html

APPENDIX V: Health Disparities Research Academic Centers in Maryland

Morgan State University

National Center for Health Behavioral Change

Urban Medical Institute/Morgan State University

Jenkins Behavioral Science Bldg. - Room 337

1700 E. Cold Spring Lane

Baltimore, Maryland 21251

(410) 383-5167

(410) 382-9888

Website: http://www.morgan.edu/Academics/Special_ProgramsCenters/National_Center_For_Health_Behavioral_Change.html

Institute for Urban Research

Morgan State University

Montebello Complex D Wing - Room 216

1700 E. Cold Spring Lane

Baltimore, Maryland 21251

(443) 885-4800

(443) 885-3004

Website: http://www.morgan.edu/Academics/Special_ProgramsCenters/Institute_for_Urban_Research.html

Uniformed Services University of the Health Sciences

Uniformed Services University Center for Health Disparities

Bldg B, Room 1022B

4301 Jones Bridge Road

Bethesda, MD 20814

(301) 295-1498

Website: <http://www.usuhs.mil/chd/whoweare.html>

APPENDIX V: Health Disparities Research Academic Centers in Maryland

University of Maryland

Herschel S. Horowitz Center for Health Literacy

University of Maryland School of Public Health
2367E SPH Bldg
College Park, MD 20742
(301) 405-0388
Website: http://www.sph.umd.edu/literacy/about_us.cfm

Maryland Center for Health Equity

University of Maryland School of Public Health
3302E SPH Building #255
College Park, MD 20742-2611
(301) 405-8357
Website: <http://www.healthequity.umd.edu/>

Program in Minority Health and Health Disparities Education and Research

University of Maryland School of Medicine
685 W. Baltimore Street, HSF 1-618
Baltimore, MD 21201-1559
(410) 706-1742
Website: <http://medschool.umaryland.edu/minorityhealth.asp>

Authors' Bio-Briefs and Contact Information

Bonnie Braun, PhD, Professor and Family Policy Specialist, is the founding Director and Endowed Chair of the Herschel S. Horowitz Center for Health Literacy at the University of Maryland College Park School of Public Health. She continues as a Faculty Scholar with the Center. Dr. Braun has conducted studies in health literacy of low-income mothers in rural and urban areas. She co-created and teaches a graduate course in health literacy as well as multiple continuing education workshops and presentations. Most of her career, she has been responsible for continuing education of Extension faculty at land-grant universities.

She is currently involved in the creation of a health insurance literacy measurement tool and a teaching curriculum to help educators prepare consumers to understand health insurance plans in response to the Affordable Care Act. She is leading the national dissemination of the measure and curriculum. Dr. Braun has authored multiple curricula.

Dr. Braun is an International Adult and Continuing Education Hall of Fame Inductee.

Bonnie Braun, PhD
Professor, Extension Family Policy Specialist and Health Literacy Faculty Scholar,
University of Maryland College Park, School of Public Health
Department of Family Science and Office of the Dean
1142Z SPH Building
College Park, MD 20742 USA
Phone: (301) 335-4335
Email Address: bbraun@umd.edu

[Back to Table of Contents](#)

Authors' Bio-Briefs and Contact Information

Olivia Carter-Pokras, PhD, University of Maryland College Park School of Public Health, has conducted health disparities research in Federal government and academia for 3 decades. The previous Director of the Division of Policy and Data in the DHHS Office of Minority Health; Dr. Carter-Pokras has been recognized by the Governor of Maryland, Surgeon General, Assistant Secretary for Health, and Latino Caucus of the American Public Health Association for her career achievements to improve racial/ ethnic data and develop national health policy to address health disparities.

She conducts health assessments of Latinos in close partnership with local government and community based organizations, is PI for NIH-funded cultural competency and oral health projects, and is the evaluation director for the CDC-funded University of Maryland Prevention Research Center.

Dr. Carter-Pokras has published 55 peer-reviewed journal articles, and her research has played a critical role in national recognition of health disparities experienced by Latinos.

Olivia Carter-Pokras, PhD
Associate Professor, University of Maryland College Park, School of Public Health
Department of Epidemiology and Biostatistics,
2234G SPH Building
College Park, MD 20742, USA
Phone: (301) 405-8037
Email Address: opokras@umd.edu

[Back to Table of Contents](#)

Authors' Bio-Briefs and Contact Information

Carlessia A. Hussein, DrPH, RN, is the Director of the Office of Minority Health and Health Disparities, Maryland Department of Health and Mental Hygiene (DHMH). Dr. Hussein has served as the director of the Maryland State Office of Minority Health and Health Disparities (MHHD) since 2004.

The MHHD is established in state statute with the charge to promote the reduction of ethnic and racial health disparities in Maryland. Dr. Hussein participated on a 2011 Maryland Disparities Workgroup charged with developing actions to reduce health care delivery system disparities.

She also oversees development of the "Maryland Health Disparities Plan" and the "State Health Disparities Data Chartbook. The Chartbook presents minority health and health disparities trends and progress in disease-specific Black vs. White Disparity reduction. Her office funds health disparities demonstration projects in 24 jurisdictions throughout the State.

Her Maryland experience includes administration of the Tobacco Settlement Funds from 2000 through 2010. Dr. Hussein served as President of the National Association of State Offices of Minority Health (NASOMH) during 2011.

Carlessia A. Hussein, DrPH, RN
Director, Office of Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Room 500
Baltimore, MD 21201, USA

Phone: (410) 767-7117

Email Address: carlessia.hussein@maryland.gov

[Back to Table of Contents](#)

Authors' Bio-Briefs and Contact Information

Monica McCann, MA, MPH is the Workforce Diversity Director for the Office of Minority Health and Health Disparities (MHHD), Maryland Department of Health and Mental Hygiene (DHMH). She is responsible for managing MHHD's initiatives aimed at increasing the diversity and cultural competency of Maryland's healthcare workforce.

She also staffs and participates in the Cultural and Linguistic Competency Workgroups of the Maryland Health Disparities Collaborative and the Maryland Health Quality and Cost Council -- both workgroups are providing assistance to DHMH in implementing the cultural competency and health literacy provisions of the Maryland Health Improvement and Disparities Reduction Act of 2012.

Previously, Ms. McCann was a policy analyst at a national healthcare labor union, and served as a program analyst at the University of California, Los Angeles (UCLA) Center for Research, Education, Training and Strategic Communication on Minority Health Disparities.

Monica McCann, MA, MPH
Workforce Diversity Director, Office of Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Room 500
Baltimore, MD 21201, USA
Phone: (410) 767-6539
Email Address: monica.mccann@maryland.gov

[Back to Table of Contents](#)

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Minority Health and Health Disparities
Department of Health and Mental Hygiene
201 W. Preston Street, Room 500
Baltimore, MD 21201
<http://dhmh.maryland.gov/mhhd>

Contact us to receive periodic email updates on the Primer:
dhmh.healthdisparities@maryland.gov
410-767-7117

University of Maryland School of Public Health
SPH Building
College Park, MD 20742
www.sph.umd.edu



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[Back to Table of Contents](#)
