



# Educating Physicians to Provide Culturally Competent, Patient-Centered Care

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## Introduction

New Jersey lawmakers enacted legislation in March 2005 requiring all physicians to complete cultural competency training as a condition of New Jersey relicensure and mandating the inclusion of relevant curricular content in the state's medical schools.<sup>1</sup> This mandate for continuing medical education (CME) credits in cultural competency arose in response to the state's increasing cultural diversity, significant immigrant influx, and existing racial and ethnic disparities in health and health care.

The history and rationale for the development of this legislation in New Jersey has been well summarized by Salas-Lopez, Holmes, Mouzon, and Soto-Green.<sup>2</sup> In the past three years, California, Washington, and New Mexico have also enacted legislation requiring cultural competency training; Maryland passed legislation "strongly recommending" training; and as of this writing, Arizona, Georgia, Kentucky, Ohio, and New York are considering legislation relating to cultural competency or the elimination of health disparities.<sup>3,4</sup> At the federal level, the Minority Health and Health Disparity Elimination Act of 2007 (S. 1576),<sup>5</sup> the Minority Health Improvement and Health Disparity Elimination Act of 2007 (H.R. 3333)<sup>6</sup> and the Health Equity and Accountability Act of 2007 (H.R. 3014)<sup>7</sup> propose significant funding for cultural competency initiatives as an important strategy for improving the health and health care of racial and ethnic minority groups. The former act would require the Secretary of Health and Human Services to: (1) develop an Internet clearinghouse within the Office of Minority Health; (2) provide for programs of excellence in health professions education for underrepresented minorities; and (3) support demonstration projects designed to improve the health and health care of racial and ethnic minority groups through improved access to health care, patient navigators, primary prevention activities, health promotion and disease prevention activities, and health literacy education and services.<sup>5</sup>

## What is cultural competency?

At the physician level, the US Department of Health and Human Services defines cultural competency as "the level of knowledge-based skills required to provide effective clinical care to patients from a particular ethnic or racial group."<sup>8</sup> At the organizational level, the Georgetown National Center for Cultural Competence (NCCC) calls for organizations to "have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally." They should also "have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve."<sup>9</sup>

## Why is culturally competent patient-centered care important and necessary?

The 2007 *National Healthcare Disparities Report* (NHDR) was recently published by the Agency for Healthcare Research and Quality.<sup>10</sup> The NHDR describes the quality of and access to care for minority groups within the United States. The report is also a source of information for tracking the nation's progress in meeting disparities. The report shows that, for the most part, disparities in quality and access to care for underserved and minority populations have either gotten significantly worse or have remained unchanged since the first NHDR. The number of measures for which quality and access is poor is higher than the number on which they have gotten significantly better for blacks, Hispanics, American Indians and Alaskan Natives, Asians, and poor populations.

The three key themes that emerge from the report are: (1) Overall, disparities in healthcare quality and access are not getting smaller; (2) Progress is being made, but many of the biggest gaps in quality and access have not been reduced; and (3) The problem of persistent uninsured is a major barrier to reducing disparities.

There is some good news. Improvement has been seen in the following areas:

- The disparity between black and white hemodialysis patients with adequate dialysis was eliminated in 2005.
- The disparity between Asians and whites who had a usual primary care provider was eliminated in 2004.
- The disparity between Hispanics and non-Hispanic whites and between people living in poor communities and people living in high-income communities for hospital admissions for perforated appendix was eliminated in 2004.
- Significant improvements were observed in childhood vaccinations for most priority populations.

However, gaps still persist:

- For blacks, large disparities remain in new AIDS cases, despite significant decreases. The proportion of new AIDS cases was 10 times higher for blacks than whites.
- The proportion of new AIDS cases was over three times higher for Hispanics than for non-Hispanic whites.
- Black children consistently have had the greatest proportion of children with asthma hospitalizations. The proportion of black children who were hospitalized due to asthma was almost four times higher than white children.
- Asians age 65 and over were more likely than whites to lack immunization against pneumonia.
- American Indian/Alaskan Native (AI/AN) women were twice as likely to lack prenatal care as white women. Also, AI/AN adults continued to be more likely than whites to report poor communication with their health providers.
- For the poor, disparities remain in communication with health providers. The proportion of children whose parents reported communication problems with their health providers was three times higher for poor children than for high-income children.
- Poor adults were twice as likely to not get timely care for an illness or injury.

The National Center for Cultural Competence lists the following as justification for increased cultural competency:<sup>11</sup>

- Response to current and projected demographic changes
- Elimination of long-standing disparities in the health status in people of diverse racial, ethnic, and cultural backgrounds
- Fulfillment of legislative, regulatory, and accreditation mandates
- Improvement in the quality of services and primary care outcomes
- Gaining a competitive edge in the marketplace
- Decreasing the likelihood of liability and malpractice claims

In addition, the Institute of Medicine's 2003 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, described statistically significant variations in the rates of medical procedures by race, even when insurance status, income, age, and severity of conditions were comparable. The report made a series of recommendations, including:

- Increase healthcare providers' awareness of disparities
- Integrate cross-cultural education into the training of all current and future health professionals.<sup>12</sup>

More and more medical specialties, including family medicine, osteopathic medicine, internal medicine, pediatrics, psychiatry, obstetrics and gynecology, emergency medicine, and orthopedic surgery, are recognizing how important it is for their members to develop cultural competence. Each organization has published cultural competency guidelines or policies relating to the care of diverse populations.

### How diverse is New Jersey's population?

The US Census Bureau estimates that by the year 2050 approximately 52.3% of the United States population will be people of color, making the nation more diverse than it has ever been.<sup>13</sup> New Jersey is already an increasingly diverse state. According to the US Census Bureau, there are an estimated 8,724,560 people living in New Jersey. Census Bureau data from 2005 shows that 15.2% of New Jersey's population is Hispanic, 14.5% is black, and 7.3% is

Asian. According to the 2000 census information, 17.5% of persons living in New Jersey were foreign-born, and 25.5% spoke a language other than English in the home.<sup>14</sup>

The number of immigrants coming to the state continues to rise. In 2000 the number of foreign-born people in New Jersey was estimated to be 1,662,857. By 2006 that number had risen to 1,754,253.<sup>15</sup> These demographic and sociocultural changes have major implications for the delivery of primary and specialized medical care and highlight the need for New Jersey physicians to be more aware than ever of how an understanding of their patients' culture will impact the care they deliver.

New Jersey is no different from other states when it comes to health-related disparities. Selected statistics for New Jersey can be found at the University of Medicine and Dentistry of New Jersey's (UMDNJ) Institute for the Elimination of Health Disparities web site (<http://www2.umdnj.edu/iehdweb/hdd/index.htm>), which contains data on conditions including cancer, diabetes, obesity, asthma, lead poisoning, and healthcare quality and access.

### What are New Jersey's cultural competency CME requirements?

The New Jersey State Board of Medical Examiners (NJBME) has finalized the regulation in the New Jersey Register (N.J.A.C. 13:35-6.25) that requires physicians and podiatrists to obtain "cultural competency training for CME... of at least six hours duration offered in the classroom, or through workshops, over the Internet or through other venues."<sup>16</sup> This is a requirement of NJ relicensure (not initial licensure), whether or not the physician practices in New Jersey or holds dual licenses in another state. In other words, if a physician holds a New Jersey license, no matter where that physician practices, he or she would have to comply with the new regulations to be relicensed in New Jersey.

N.J.A.C. 13:35-6.25 establishes the timing and criteria for physicians who did not receive instruction in cultural competency training as a part of their medical school training or post-secondary training. N.J.A.C. 13:35-6.25 also allows for the NJBME to "waive the cultural competency training CME requirement for an applicant who is applying for relicensure and who can demonstrate to the satisfaction of the Board that he or she has attained the substantial equivalent of the cultural competency training CME requirement through completion of a similar course in his or her post-secondary education."<sup>16</sup>

Cultural competency training will be offered by each of New Jersey's medical schools. The required CME content addresses and expands upon the important domains identified by the Association of American Medical Colleges in their Tool for Assessing Cultural Competency Training (TACCT).<sup>17</sup> These domains focus on:

1. A context for the training; common definitions of cultural competence, race, ethnicity, and culture; and tools for self-assessment
2. An appreciation for the traditions and beliefs of diverse patient populations at multiple levels—as individuals, in families, and as part of a larger community
3. An understanding of the impact that stereotyping can have on medical decision making
4. Strategies for recognizing patterns of healthcare disparities and eliminating factors influencing them

5. Approaches to enhance cross-cultural clinical skills, such as those relating to history taking, problem solving, and promoting patient compliance
6. Techniques to deal with language barriers and other communication needs, including working with interpreters

Table 1 briefly summarizes when physicians (MDs or DOs), depending upon their licensure and relicensure dates, need to meet the cultural competency CME requirement and the number of hours required.

**Table 1. Cultural Competency Education Requirements**

Licensure Date	License Renewal Dates/CME Hours
Before March 24, 2005, and did not receive instruction in cultural competency training as part of the curriculum of a college of medicine	Licenses must, as a condition of the next license renewal <b>after March 24, 2008</b> , document <b>6</b> cultural competency CME hours or equivalent post-secondary education in cultural competency training by <b>June 30, 2009</b> . These hours are <b>in addition</b> to the 100 CME credits required by the NJBME.
March 24, 2005–June 29, 2007, and did not receive instruction in cultural competency training as part of the curriculum of a college of medicine	Licenses must, as a condition of the next license renewal <b>after March 24, 2008</b> , document <b>6</b> cultural competency CME hours or equivalent post-secondary training by <b>June 30, 2009</b> . These hours can be <b>included in</b> the 100 CME credits required by the NJBME.
On or after June 30, 2007, and did not receive instruction in cultural competency training as part of the curriculum of a college of medicine	Licenses must, as a condition of the next license renewal, document <b>6</b> cultural competency CME hours or equivalent post-secondary training <b>by the end of the next complete renewal cycle in which he or she was licensed</b> . These hours can be <b>included in</b> the 100 CME credits required by the NJBME.

Additional details about the NJBME cultural competency CME rule and requirements can be obtained in the New Jersey Register, Volume 40, Issue 7 (<http://www.pdcbank.state.nj.us/lps/ca/adoption/bmeado47.htm>)<sup>16</sup> and from the State Board of Medical Examiners website available at <http://www.state.nj.us/oag/ca/bme/press/cultural.htm>.

### What else is New Jersey doing to eliminate health disparities?

Following a number of important summits devoted to health issues of African Americans (1999), Hispanics/Latinos (2000), and Asian Americans (2000), the New Jersey Department of Health and Senior Services launched an initiative to eliminate health disparities in the state. In March 2007 the NJDHSS published its "Strategic Plan to Eliminate Health Disparities in New Jersey."<sup>18</sup> This document is designed to provide a roadmap to guide a comprehensive effort

to end minority health disparities. The result of this initiative has been the mobilization of a variety of public and private sector organizations, and several statewide initiatives are under way that are intended to meet the health promotion and disease prevention objectives outlined in documents such as *Healthy New Jersey 2010: Update 2005*.<sup>19</sup>

### Are New Jersey's efforts consistent with national efforts?

The Institute of Medicine's 2001 report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, called for fundamental change in the healthcare system. The IOM's action plan proposed a redesign of health care to include specific areas of improvement including medical care that is *patient-centered* (responsive to individual patient preferences, needs, and values, while assuring that patient values guide all clinical decisions) and *equitable* (providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, or socioeconomic status).<sup>20</sup> These principles support the practice model known as the "patient-centered medical home," which is supported by the American Academy of Family Physicians (AAFP) and a growing number of professional organizations. More information can be found at <http://www.pcpc.net>.

The NJAFP strongly believes and is working toward ensuring that all New Jersey residents have a medical home. A white paper published by the NJAFP states that it is important to recognize that everyone needs a usual source of care—a medical home. The effects of insurance and having a usual source of care are additive. The medical home—in which patients receive fully integrated, whole-person care within the context of a sustained and supportive patient-physician relationship—is the focal point through which all individuals, regardless of age, sex, race, or socioeconomic status, can receive a basket of acute, chronic, and preventive care services. A medical home is defined as care that is family-centered, accessible, comprehensive, continuous, coordinated, compassionate, community-based, culturally competent, and is provided in an environment of trust and mutual responsibility.<sup>21</sup>

### How can physicians provide culturally competent, patient-centered care?

The first step is to realize that a person's culture—those beliefs, values, and behaviors that are shared by a common group—has a profound influence on how health and illness are defined, care-seeking behavior, and what constitutes appropriate treatment. Physicians also need to understand how their own personal and professional experiences and biomedical culture influence and shape the clinical care process.

Physicians are not expected to learn about every sociocultural group; that would be impossible. Instead, each encounter with a patient should be viewed as a cross-cultural encounter. Every situation calls for mindful reflection and creativity. Cookbook approaches to care should be avoided. Juckett, in his article "Cross-Cultural Medicine," says that when gathering information from patients of various cultural backgrounds, it is important to avoid ethnocentrism (conviction that one's own culture is superior) and stereotyping (believing everyone from the same culture is alike). Clinical care should be patient-centered and tailored to each individual within

the context of his or her family and community.<sup>22</sup>

A study by Stewart et al. showed that patient-centered care improved the health status of patients and reduced the need for diagnostic tests and referrals. The study concluded that, "Medical education should go beyond skills training to encourage physicians' responsiveness to the patients' unique experience."<sup>23</sup> Culturally responsive patient-centered care depends on knowing each person as an individual and consistently acknowledging and respecting the beliefs, values, and behaviors of that person.

There are many clinical interviewing and communications mnemonics that may help physicians as they improve their skills in cross-cultural, patient-centered care. Some of these are LEARN,<sup>24</sup> ETHNIC(S),<sup>25</sup> ESFT,<sup>26</sup> BATHE,<sup>27</sup> and SPEAK<sup>28</sup> (Table 2). Through the use of these mnemonics, physicians can elicit patients' perspectives about health and illness, improve their understanding of the psychosocial context for visits, and address health literacy challenges during clinical encounters.

Lieberman, in his article, "Reducing Healthcare Disparity between Racial and Ethnic Minority Patients and Caucasian Patients in Your Practice," discusses practical strategies for employing

**Table 2. Interviewing Mnemonics**

Mnemonic	Application
<b>LEARN</b> Listen, Explain, Acknowledge, Recommend, Negotiate	Integral to history taking and helps to elicit a patient's perspective and explanation regarding the onset, etiology, duration, and treatment expectations for his or her illness or problem.
<b>ETHNIC(S)</b> Explanation, Treatment, Healers, Negotiate, Intervention, Collaborate, Spirituality/Seniors	Framework to provide culturally appropriate geriatric care. Can be used to elicit and negotiate cultural issues during healthcare encounters with all patients and as an instructional strategy to be incorporated into ethnogeriatric curricula for healthcare disciplines.
<b>ESFT</b> Explanatory Model of Health and Illness Social and Environmental Factors Fears and Concerns Therapeutic Contracting	The ESFT Model for Communication and Compliance is an individual, patient-based communication tool that allows for screening for barriers to compliance and illustrates strategies for interventions that can improve outcomes for patients.
<b>BATHE</b> Background, Affect, Trouble, Handling, Empathy	Model for supplementing the biomedical clinical information gathered to assess the patient's psychosocial status. Helps physicians to connect with and develop a therapeutic rapport with their patients.
<b>SPEAK</b> Speech, Perception, Education, Access, Knowledge	Tool for addressing health literacy concerns in geriatric clinical encounters.

patient empowerment and physician-patient communications in practice. For example, if a physician recommends that one of his or her patients get an Hgb A<sub>1c</sub> test and the patient does not follow through, the physician might use the ETHNIC model to start a dialogue to discover 1) why the patient might be concerned about getting the test; 2) if other treatments, such as home remedies, are being used; 3) how to reach a mutually acceptable intervention; and 4) whether family members, other healthcare team members, or community resources might be available to help the patient adhere to the treatment plan.<sup>29</sup>

Another resource for physicians in the delivery of culturally competent care is the Office of Minority Health's (OMH) National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health care. While primarily directed to healthcare organizations, individual physicians can use the CLAS standards to make their practices more culturally and linguistically accessible.

There are 14 standards, organized by themes, that are characterized as mandates (required by all recipients of federal funds), guidelines (activities recommended by OMH for adoption as mandates), or recommendations (suggested by the OMH for voluntary adoption). Table 3 provides a brief outline of the CLAS standards.

**Table 3. Brief Outline of Culturally and Linguistically Appropriate Services in Health Care (CLAS)<sup>30</sup>**

Standard	CLAS standards
<i>Culturally Competent Care</i>	
Standard 1 (G)	Patients should receive effective, understandable, and respectful care provided in a manner compatible with their cultural health beliefs, practices, and preferred language from all staff members.
Standard 2 (G)	Recruit, retain, and promote diverse staff and leadership that are representative of the demographic characteristics of the service area.
Standard 3 (G)	Staff at all levels and across all disciplines should receive ongoing education and training in culturally and linguistically appropriate service delivery.
<i>Language Access Services</i>	
Standard 4 (M)	Offer and provide language assistance services at no cost to each patient with limited English proficiency.
Standard 5 (M)	Provide to patients in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
Standard 6 (M)	Assure competence of language assistance provided to limited English-proficient patients. Family and friends should not be used as interpreters unless requested by the patient.
Standard 7 (M)	Make available easily understood patient-related materials, and post signage in the languages of groups commonly encountered.
<i>continued</i>	

Key: M, mandate; G, guideline; R, recommendation.

**Table 3. continued**

Standard	CLAS standards
<i>Organizational Supports for Cultural Competence</i>	
Standard 8 (G)	Develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
Standard 9 (G)	Conduct initial and ongoing organizational self-assessments of CLAS-related activities, and integrate cultural and linguistic competence-related measures into internal audits, Performance Improvement (PI) programs, patient satisfaction assessments, and outcomes-based evaluations.
Standard 10 (G)	Collect information on the patient's race, ethnicity, and spoken and written language in health records and periodically update it.
Standard 11 (G)	Maintain a current demographic, cultural, and epidemiological profile of the community.
Standard 12 (G)	Develop participatory, collaborative partnerships with communities, and facilitate community and patient involvement in designing and implementing CLAS-related activities.
Standard 13 (G)	Ensure conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints.
Standard 14 (R)	Regularly make available to the public information on progress and successful innovations in implementing the CLAS standards, and provide public notice in their communities about the availability of this information.

Key: M, mandate; G, guideline; R, recommendation.

These standards are increasingly being used by organizations such as The Joint Commission and the National Committee for Quality Assurance (NCQA) in their quality improvement and monitoring activities. More information about cultural competency and CLAS can be found at the Office of Minority Health Web site at <http://www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=3>.

Finally, The Joint Commission has published *De Siz Des Not It All: Meeting the Health Care Needs of Diverse Populations*.<sup>31</sup> This report is designed to provide a framework for hospitals to develop practices to meet the needs of diverse populations. However, many of the suggestions that they make can also be considered for implementation in an office setting:

1. Build a Foundation: Formal policies and procedures supporting cultural competence is a necessity if a practice hopes to meet the needs of a diverse population.
2. Collect and Use Data: Analysis of community and patient-level data can help inform a practice about the diverse populations that they serve.
3. Accommodating Specific Populations: As staff and patients

change, procedures and processes should be tailored to meet those needs through continuous assessment.

4. Collaboration: Build relationships across the community to leverage the strengths that others may have in cultural competency.

### Which should we strive for: Cultural competence or cultural humility?

Tervalon and Murray-Garcia in their article, "Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education," postulate that mastery of cultural competence does not fit with the traditional definition of competence, which is mastery of a finite body of knowledge. They present the theory that training physicians and future physicians in cultural humility may be a more appropriate approach.<sup>32</sup> Cultural humility follows a lifelong learning model where physicians commit to an ongoing process to continually engage in self-reflection and self-critique as reflective practitioners. The goal of cultural humility is to bring into balance the unequal power between physicians and patients using patient-centered care and patient-focused interviewing. Additionally, cultural humility is a process that builds a respectful partnership with patients, families, and communities.

### Are there guidelines for developing educational programs on cultural competency?

The American Academy of Family Physicians (AAFP) has developed a list of issues to consider when developing programs on cultural competency. Among these are: socioeconomic issues, disparities in health care as they relate to special populations, barriers to health care, and cultural expectations or beliefs. The complete guidelines are available on the AAFP web site at <http://www.aafp.org/online/en/home/clinical/publichealth/cultural-prof/cpguidelines.html>.

The Society of Teachers of Family Medicine has published core curriculum guidelines for culturally sensitive and competent care and identified "cultural proficiency" as a critical component of residency training in the Future of Family Medicine Report.<sup>33,34</sup> These activities are consistent with national efforts under way to prepare residents and medical students with the attitudes, skills, and knowledge needed to provide high-quality, cross-cultural care; address mistrust, subconscious bias, and stereotyping during clinical encounters; and reduce disparities in health and health care.<sup>35,36</sup>

The University of Medicine and Dentistry of New Jersey and a growing number of New Jersey professional medical societies and organizations have also sponsored a variety of conferences, courses, workshops, seminars, and grand rounds devoted to these important subjects.

Selected resources on health disparities and cultural competency, monographs, practice tools, and continuing education/professional development programs can be found in Table 4.

### Conclusions, Caveats, and Opportunities

Strong educational programs and physicians who are committed to a lifelong learning process are unlikely by themselves to sufficiently reduce disparities in health and health care. Interventions are also needed to address multiple socioeconomic, geographic, environmental,

legal, political, and public health factors.<sup>37,38</sup> Fortunately discussions about healthcare policy, financing, and systems reforms are beginning to address cultural competency and patient-centered care perspectives. Developing partnerships and collaborations with communities, advocacy groups, and other key stakeholders is a critically important component of many national and state disparities reduction initiatives.

Physicians will continue to be on the front lines in caring for our nation's and New Jersey's increasingly diverse population. We should be champions and advocates for a patient-centered, family-

focused, community-oriented model of care by providing a “personalized medical home” for our patients. By doing so, we will be contributing to broader societal efforts under way to help reduce and hopefully eliminate disparities in access to care, service utilization, quality, and health outcomes. We hope the list of resources provided with this article will provide direction and guidance, as physicians from all specialties and other health professionals work together to close the disparity gap in health care.

**Table 4. Selected Resources on Health Disparities and Cultural Competency\***

<p>University of Medicine and Dentistry of New Jersey's (UMDNJ) Institute for the Elimination of Health Disparities</p>	<p>This integrated center is dedicated to the elimination of health disparities in New Jersey and the nation. The institute develops and supports collaborative networks and initiatives to promote research, evidence-based interventions, education, and advocacy to help eliminate health disparities across all populations in New Jersey, but especially those most at risk for disproportionate morbidity and mortality.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www2.umdnj.edu/iehdweb/hdd/index.htm">http://www2.umdnj.edu/iehdweb/hdd/index.htm</a></li> </ul>
<p>US Department of Health and Human Services, Health Resources and Services Administration, Cultural Competence Resources for Health Care Providers</p>	<p>This site provides a list of assessment tools grouped according to language/culture, disease/condition specific, special populations, etc., put together by the US Department of Health and Human Services.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.hrsa.gov/culturalcompetence">http://www.hrsa.gov/culturalcompetence</a></li> </ul>
<p>US Department of Health and Human Services, Office of Minority Health</p>	<p>The Office of Minority Health was mandated by Congress to help healthcare professionals address cultural and linguistic barriers to healthcare delivery and increase access to health care for people with limited English proficiency. This site provides guides to help physicians achieve that goal.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.omhrc.gov/templates/browse.aspx?lvl=1&amp;lvlID=3">http://www.omhrc.gov/templates/browse.aspx?lvl=1&amp;lvlID=3</a></li> </ul>
<p>Centers for Disease Control, Office of Minority Health and Health Disparities</p>	<p>The Office of Minority Health and Health Disparities (OMHD) aims to accelerate the CDC's health impact in the US population and to eliminate health disparities for vulnerable populations as defined by race/ethnicity, socioeconomic status, geography, gender, age, disability status, risk status related to sex and gender, and among other populations identified as at-risk for health disparities.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.cdc.gov/omhd/About/about.htm">http://www.cdc.gov/omhd/About/about.htm</a></li> </ul>
<p>National Network of Libraries of Medicine, Minority Health Concerns</p>	<p>Resources include links to government sites as well as brochures and health information.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://nmlm.gov/mcr/resources/community/minority.html">http://nmlm.gov/mcr/resources/community/minority.html</a></li> </ul>
<p>Administration on Aging, Cultural Competency</p>	<p>The AoA is a federal organization and advocate agency for older people and their concerns. This guidebook is designed for use by providers of services to racially and ethnically diverse older populations.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.aoa.gov/prof/adddiv/cultural/addiv_cult.asp">http://www.aoa.gov/prof/adddiv/cultural/addiv_cult.asp</a></li> </ul>
<p>Georgetown University Center for Child and Human Development, National Center for Cultural Competence</p>	<p>The mission of the National Center for Cultural Competence is to increase the capacity of health and mental health programs to design, implement, and evaluate culturally and linguistically competent service-delivery systems.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www11.georgetown.edu/research/gucchd/nccc">http://www11.georgetown.edu/research/gucchd/nccc</a></li> </ul>
<p>Maternal and Child Health Library—Knowledge Path: Racial and Ethnic Disparities in Health</p>	<p>This knowledge path, compiled by the Maternal and Child Health Library at Georgetown University, presents current, high-quality resources about identifying and eliminating racial and ethnic disparities in health. It is aimed at health professionals, program administrators, policy makers, researchers, and families and will be updated periodically.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.mchlibrary.info/KnowledgePaths/kp_race.html">http://www.mchlibrary.info/KnowledgePaths/kp_race.html</a></li> </ul>

*continued*

Table 4. continued

<p>Diversity Rx</p>	<p>Diversity Rx promotes language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities. This site shows how language and culture affect the delivery of quality services to ethnically diverse populations.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.diversityrx.org">http://www.diversityrx.org</a></li> </ul>
<p>National Council on Interpreting in Health Care</p>	<p>The mission of this multidisciplinary organization based in the United States is to promote culturally competent professional healthcare interpreting as a means to support equal access to health care for individuals with limited English proficiency.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.ncihc.org">http://www.ncihc.org</a></li> </ul>
<p>Hablamos Juntos, Language Policy and Practice in Health Care</p>	<p>Funded by the Robert Wood Johnson Foundation and administered by the UCSF Fresno Center for Medical Education &amp; Research, this is a major educational and clinical branch of the UCSF School of Medicine. It develops affordable models for healthcare organizations to offer language services in regions with new and fast-growing Latino populations.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.hablamosjuntos.org">http://www.hablamosjuntos.org</a></li> </ul>
<p>Cross Cultural Health Care Program</p>	<p>Established with a grant from the W. K. Kellogg Foundation, this program focuses on a systemic approach to cultural competency, looking at the relationships among language, tradition, history, economics, and other factors as they relate to health and human services.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.xculture.org">http://www.xculture.org</a></li> </ul>
<p>The Provider's Guide to Quality &amp; Culture</p>	<p>Produced by Management Sciences for Health along with several government agencies, this site is designed to assist healthcare organizations throughout the United States in providing high-quality, culturally competent services to multi-ethnic populations.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://erc.msh.org/mainpage.cfm?file=1.0.htm&amp;module=provider&amp;language=English">http://erc.msh.org/mainpage.cfm?file=1.0.htm&amp;module=provider&amp;language=English</a></li> </ul>
<p>Curriculum in Ethnogeriatrics: Core Curriculum and Ethnic Specific Modules</p>	<p>This is the second edition of the five modules in the Core Curriculum in Ethnogeriatrics, supported by a bureau of the US Department of Health and Human Services. The modules serve as a basic curriculum in ethnogeriatrics.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.stanford.edu/group/ethnoger">http://www.stanford.edu/group/ethnoger</a></li> </ul>
<p>EthnoMed</p>	<p>This site contains medical and cultural information on immigrant and refugee groups and is designed for use by healthcare providers. It is a project of the University of Washington Health Sciences Library and the Harborview Medical Center's Community House Calls Program.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://ethnomed.org">http://ethnomed.org</a></li> </ul>
<p>Medical Economics: Cultural Competence</p>	<p><i>Medical Economics</i> magazine was founded for physicians in 1923, and its web site makes its archived articles on cultural competency easily accessible.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.memag.com/culturalcompetence">http://www.memag.com/culturalcompetence</a></li> </ul>
<p>Medscape's Health Diversity Resource Center</p>	<p>The Health Diversity Resource Center features information on the way in which culture and other classifications (sex, sexual orientation, religion, age, economic class) affect health and the quality of health care.</p> <p>Sections include current news items, information from the recent literature, CME, and other relevant topics. The information comes from Medscape's key clinical content, selected by the editors.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.medscape.com/resource/healthdiverse">http://www.medscape.com/resource/healthdiverse</a></li> </ul>
<p>MDNG Net Guide: Focus on Multicultural Healthcare (online/print publication)</p>	<p>This online and print publication disseminates relevant information to help physicians and other health professionals improve the quality, effectiveness, and safety of care to patients from diverse backgrounds. This includes evidence-based research findings, promising practices, new technologies, educational opportunities, and other resources relating to culturally competent patient-centered care.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.mdnglive.com/publications/3/1">http://www.mdnglive.com/publications/3/1</a></li> </ul>

**Table 5. Selected Practice Tools**

Medicare Quality Improvement Community: Practice Cultural Quality—CLAS Standards Pre-Assessment Tool	<p>This tool evaluates how well an organization meets national cultural competency guidelines and allows organizations to learn what actions are needed to become more culturally and linguistically competent. The MedQIC.org site has additional useful tools.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://medqic.org/dcs/ContentServer?cid=1157485168058&amp;pagename=Medqic%2FMQTools%2FToolTemplate&amp;c=MQTools">http://medqic.org/dcs/ContentServer?cid=1157485168058&amp;pagename=Medqic%2FMQTools%2FToolTemplate&amp;c=MQTools</a></li> </ul>
American Academy of Family Physicians: Improving Patient Care—Cultural Competence	<p>Site has an article on cultural competence and a self-assessment checklist for personnel providing primary health care services.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.aafp.org/fpm/20001000/58cult.html">http://www.aafp.org/fpm/20001000/58cult.html</a></li> </ul> <p>Original source: Goode TD. “Promoting Cultural and Linguistic Cultural Competency. Self-Assessment Checklist for Personnel Providing Primary Health Care Services”; Georgetown University Child Development Center, The National Center for Cultural Competence. Washington, DC. Accessed on December 22, 2007; <a href="http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist%20PHC.pdf">http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist%20PHC.pdf</a></p>
American Medical Association Foundation: Health Literacy	<p>The American Medical Association helps doctors help patients by uniting physicians nationwide to work on the most important professional and public health issues, one of which is to create safer and shame-free healthcare environments for patients with limited health literacy, and by extension, for all patients.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.ama-assn.org/ama/pub/category/8115.html">http://www.ama-assn.org/ama/pub/category/8115.html</a></li> </ul>
American College of Physicians Foundation: Health Literacy Resources	<p>The ACP works to improve the health and welfare of patients and society through initiatives that provide patients with the information they need to understand and manage their health.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://foundation.acponline.org/hl/hlresources.htm">http://foundation.acponline.org/hl/hlresources.htm</a></li> </ul>
American Academy of Family Physicians’ toolkit: Play It Safe ... With Medicine!	<p>This toolkit provides concrete tools and resources to enhance physician communication with patients regarding their medications, particularly with patients who are elderly or have limited English-language proficiency.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.aafp.org/online/en/home/publications/news/news-now/inside-aafp/20061122playitsafe.html">http://www.aafp.org/online/en/home/publications/news/news-now/inside-aafp/20061122playitsafe.html</a></li> </ul>
The Joint Commission: Public Policy on Health Literacy and Patient Safety	<p>Download the commission’s white paper on health literacy titled, “What Did the Doctor Say?: Improving Health Literacy to Protect Patient Safety.”</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.jointcommission.org/PublicPolicy/health_literacy.htm">http://www.jointcommission.org/PublicPolicy/health_literacy.htm</a></li> </ul>
National Committee for Quality Assurance (NCQA): Innovative Practices in Multicultural Health Care, 2006 and 2007; Multicultural Health Care: A Quality Improvement Guide, 2008	<p>These reports recognize health plans that provide models for health care and add to the evidence base of effective methods for addressing culturally and linguistically appropriate services and disparities.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://web.ncqa.org/Portals/0/HEDISQM/CLAS/CLAS_InnovativePrac06.pdf">http://web.ncqa.org/Portals/0/HEDISQM/CLAS/CLAS_InnovativePrac06.pdf</a> <a href="http://www.ncqa.org/tabid/676/Default.aspx">http://www.ncqa.org/tabid/676/Default.aspx</a></li> </ul>

**Table 6. Selected Monographs on Cultural Competency**

National Initiative for Children’s Healthcare Quality (NICHQ), Expanding Perspectives: Improving Cultural Competency in Children’s Health Care	<p>The NICHQ is dedicated to eliminating the gap between what is and what can be in health care for all children. The organization has developed a structured process to translate the abstract knowledge in the field of cultural competency into a package that can be used to drive change in clinical practice.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.nichq.org/NR/rdonlyres/5B534B7B-0C38-4ACD-8996-EBB0C4CB2245/0/NICHQ_CulturalCompetencyFINAL.pdf">http://www.nichq.org/NR/rdonlyres/5B534B7B-0C38-4ACD-8996-EBB0C4CB2245/0/NICHQ_CulturalCompetencyFINAL.pdf</a></li> </ul>
The Joint Commission and the California Endowment; Hospitals, Language, and Culture: A Snapshot of the Nation; Exploring Cultural and Linguistic Services in the Nation’s Hospitals: A Report of Findings	<p>A qualitative cross-sectional study designed to provide a snapshot of how 60 hospitals across the country are providing health care to culturally and linguistically diverse populations.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.jointcommission.org/NR/rdonlyres/E64E5E89-5734-4D1D-BB4D-C4ACD4BF8BD3/0/hlc_paper.pdf">http://www.jointcommission.org/NR/rdonlyres/E64E5E89-5734-4D1D-BB4D-C4ACD4BF8BD3/0/hlc_paper.pdf</a></li> </ul>

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**Table 6. continued**

<p>Physician Toolkit and Curriculum: Resources to Implement Cross-Cultural Clinical Practice Guidelines for Medicaid Practitioners</p>	<p>Prepared by the University of Massachusetts Medical School, Office of Community Programs, for the US Department of Health and Human Services, Office of Minority Health, this toolkit is designed to aid providers in application of the Cross-Cultural Clinical Practice Guidelines. It introduces the fundamentals of cross-cultural practice and offers steps and processes essential to delivering quality care to culturally diverse populations.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.omhrc.gov/assets/pdf/checked/toolkit.pdf">http://www.omhrc.gov/assets/pdf/checked/toolkit.pdf</a></li> </ul>
<p>An Ethical Force Program Consensus Report: Improving Communication—Improving Care: How health care organizations can ensure effective, patient-centered communication with people from diverse populations</p>	<p>From the American Medical Association, this report is to help healthcare organizations communicate better. The report describes why communication is important and how an organization can take steps to ensure good communication.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.ama-assn.org/ama1/pub/upload/mm/369/ef_imp_comm.pdf">http://www.ama-assn.org/ama1/pub/upload/mm/369/ef_imp_comm.pdf</a></li> </ul>
<p>Why Companies Are Making Health Disparities Their Business: The Business Case and Practical Strategies</p>	<p>Prepared by the National Business Group on Health for the Office of Minority Health, US Department of Health and Human Services, this report focuses on the impact of racial and ethnic disparities in health and health care on large employers.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.omhrc.gov/assets/pdf/checked/business_case.pdf">http://www.omhrc.gov/assets/pdf/checked/business_case.pdf</a></li> </ul>
<p>A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations</p>	<p>This guide from the Office of Minority Health is intended to help healthcare organizations implement effective language access services to meet the needs of their limited-English-proficient patients and increase their access to health care.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.omhrc.gov/templates/content.aspx?ID=4375&amp;lvl=2&amp;lvlID=107">http://www.omhrc.gov/templates/content.aspx?ID=4375&amp;lvl=2&amp;lvlID=107</a></li> </ul>

**Table 7. Selected Continuing Education/Professional Development Programs\*\*E-Learning**

<p>A Physician's Practical Guide to Culturally Competent Care</p>	<p>From the US Department of Health and Human Service, Office of Minority Health, this e-learning site offers CME, CNE, and CEU credit and equips healthcare professionals with awareness, knowledge, and skills to better treat the increasingly diverse US population.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://cccm.thinkculturalhealth.org">http://cccm.thinkculturalhealth.org</a></li> </ul>
<p>Quality Interactions: A Patient-Based Approach to Cross-Cultural Care</p>	<p>Produced by the Manhattan Cross Cultural Group and Critical Measures, Quality Interactions is an e-learning program that provides case-based instruction on cross-cultural health care—an innovative CME-accredited cultural competency training program for physicians, nurses, and health care professionals.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.qualityinteractions.org">http://www.qualityinteractions.org</a></li> </ul>
<p>Cultural Competence for Health Professionals in Geriatric Care</p>	<p>Western Reserve Geriatric Education Center's learning modules teach clinical skills to help physicians provide better care. In the long run, they're meant to reduce the severe health disparities and healthcare disparities that persist among racial and ethnic groups in the United States, particularly in geriatric care.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.nethealthinc.com/cultural/">http://www.nethealthinc.com/cultural/</a></li> </ul>
<p>Culture and Health Care: An E-Learning Course (based on <i>Cultural Sensitivity: A Guidebook for Physicians and HealthCare Professionals</i>)</p>	<p>This course, from Doctors in Touch, covers nine major ethnic groups and helps participants understand their values and world views, family and gender issues, cradle-to-grave traditions, and health-related beliefs and practices. Each section contains interactive case scenarios highlighting each ethnic group's beliefs and practices.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.doctorsintouch.com/courses_for_CME_credit.htm">http://www.doctorsintouch.com/courses_for_CME_credit.htm</a></li> </ul>
<p>Quality Care for Diverse Populations</p>	<p>AAFP developed this Web-based training program to assist physicians and other healthcare professionals in becoming more culturally proficient in providing care. It includes five video vignettes of physician-patient visits.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.aafp.org/online/en/home/cme/selfstudy/qualitycarevideo.html">http://www.aafp.org/online/en/home/cme/selfstudy/qualitycarevideo.html</a></li> </ul>

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**Table 7. continued**

Culturally Competent Care Package	<p>From the American Academy of Orthopaedic Surgeons, this package includes the new <i>Culturally Competent Care Guidebook and Cultural Competency Challenge</i> CD-ROM. It offers tools that enhance your ability to effectively communicate with and treat an ethnically diverse patient population.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.aaos.org/challenge">www.aaos.org/challenge</a></li> </ul>
Educating Physicians on Controversies and Challenges in Health: Health Care Disparities Among Racial-Ethnic Minority Patients	<p>This American Medical Association program provides physicians with an overview of health disparities among racial-ethnic minority patients. It also provides physicians with strategies to enhance services for racial-ethnic minority patients, including building trust and addressing language barriers.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.ama-assn.org/ama/pub/category/18151.html">http://www.ama-assn.org/ama/pub/category/18151.html</a></li> </ul>
Unified Health Communication 101: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency	<p>Sponsored by the Health Resources and Services Administration, this program provides training to improve patient communication skills and increase awareness and knowledge of the three main factors that affect communication with patients: health literacy, cultural competency, and low English proficiency.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.hrsa.gov/healthliteracy/training.htm">http://www.hrsa.gov/healthliteracy/training.htm</a></li> </ul>
Delivering Culturally Effective Care	<p>Sponsored by Medical Directions, Inc., and the University of Arizona College of Medicine at the Arizona Health Sciences Center, this program emphasizes general concepts that will improve healthcare providers' ability to treat patients from diverse cultures and deals with specific issues around the management of type 2 diabetes in Mexican Americans.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.vlh.com/shared/courses/course_info.cfm?courseno=1786">http://www.vlh.com/shared/courses/course_info.cfm?courseno=1786</a></li> </ul>
Communicating Through Health Care Interpreters	<p>From Medical Directions, Inc., the Virtual Lecture Hall, and Rush University Medical Center, this practical, case-based multimedia program teaches how to manage the language problems that often arise in today's healthcare environment.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.vlh.com/shared/courses/course_info.cfm?courseno=155">http://www.vlh.com/shared/courses/course_info.cfm?courseno=155</a></li> </ul>
Cultural Competence in Health Care	<p>Created by the University HealthSystem Consortium, this course is based on the book and workshop titled <i>Caring for Patients from Different Cultures</i> by Geri-Ann Galanti, PhD. The course modules address core cultural patterns of perceptions and behaviors that can lead to misunderstandings. The course is designed to improve patient communications and relationships.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://uhclearningexchange.uhc.edu/Presentations/pres-out67.html">http://uhclearningexchange.uhc.edu/Presentations/pres-out67.html</a></li> </ul>
<i>Live CME</i>	
Center for Healthy Families and Cultural Diversity	<p>Programs available from the Department of Family Medicine, UMDNJ-Robert Wood Johnson Medical School, include grand rounds, workshops, and seminars on a variety of cultural competency-related subjects.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www2.umdnj.edu/fmedweb/chfcd/">http://www2.umdnj.edu/fmedweb/chfcd/</a></li> </ul>
Eliminating Health Disparities	<p>The American Medical Association offers various programs and activities to help eliminate racial and ethnic health care disparities.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.ama-assn.org/go/healthdisparities">www.ama-assn.org/go/healthdisparities</a></li> </ul>
Delivering Culturally Effective Care	<p>MDAdvantage offers programs on cultural competency, as well as risk management, and other topics. For more information, visit <a href="http://www.mdadvantageonline.com/index.aspx">http://www.mdadvantageonline.com/index.aspx</a>.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.mdadvantageonline.com/risk/cme.aspx">http://www.mdadvantageonline.com/risk/cme.aspx</a></li> </ul>
NetworkOmni Caring with CLAS: cultural competence in health care	<p>Developed by NetworkOmni Multilingual Communications, this training program is designed to serve a full team of care providers, including nurses, physicians, social workers, administrative staff, and others. The full-day training is divided into two four-hour modules on language access and culturally competent care.</p> <ul style="list-style-type: none"> <li>• Available at <a href="http://www.networkomni.com/collateral/NetworkOmni_Caring_with_CLAS_Brochure.pdf">http://www.networkomni.com/collateral/NetworkOmni_Caring_with_CLAS_Brochure.pdf</a></li> </ul>

\*All link and programs were accurate at the time of printing

As of publication, it is not known whether these educational programs will meet the NAB requirements for CME

This list is selective and not exhaustive of all the programs currently available or under development. Their inclusion does not indicate an endorsement or recommendation by the authors or any organizations with which they are affiliated. Physicians and other health care providers are advised to contact the NJBME directly if they have any questions and should keep their certificates of attendance and any educational materials provided if they participate in any of these programs given the potential for future NJBME audits relating to meeting the cultural competency CME requirement. ▲

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