

Fostering Health and Human Services Equity through Culturally and Linguistically Appropriate Service Delivery: The Importance of Effective Communication

Robert C. Like, MD, MS

Professor and Director

Center for Healthy Families and Cultural Diversity
Department of Family Medicine and Community Health
UMDNJ-Robert Wood Johnson Medical School

Objectives

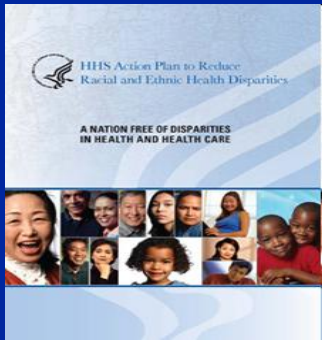
- Define the concept of health equity, and identify several national and New Jersey initiatives to eliminate disparities in health and health care
- Discuss the importance of cultural competence, cultural humility, and effective communication in caring for diverse populations, and levers of change supporting initiatives in these areas
- Describe selected resources that are helping clinicians, health care organizations, and service delivery systems provide culturally and linguistically appropriate care

Caring for Diverse Populations: The Importance of Effective Communication

*“Cultural Competence
What are you doing about it?”*

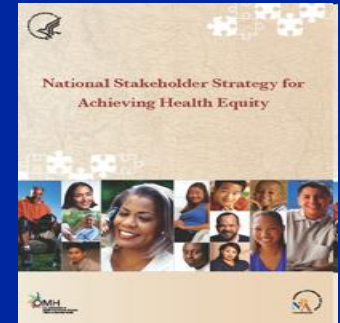
<http://www.youtube.com/watch?v=coCsSev55Y4>

Cultural Competence Leadership Fellowship PSA Legacy Project, 2006
AHA/Health Research & Educational Trust (HRET) www.hret.org



Office of Minority Health

National Partnership for Action to End Health Disparities



HHS Action Plan to Reduce Racial and Ethnic Health
Disparities, April 2011

<http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=285>

National Stakeholder Strategy for Achieving Health Equity,
April 2011

<http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>

What is Health Equity?

“Health equity means achieving the same levels of health care quality, health care outcomes, and health status among all population groups, regardless of social and demographic characteristics such as race, ethnicity, language, gender, and income.”

Regional Health Equity Councils (RHECs)



NATIONAL PARTNERSHIP FOR ACTION
to End Health Disparities

HHS Region Map

[Text Version](#)



Regional telephone, fax, e-mail, and Web sites are available for each Region:

- [Region 1 - Boston](#)
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
- [Region 2 - New York](#)
New Jersey, New York, Puerto Rico, and the Virgin Islands
- [Region 3 - Philadelphia](#)
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia
- [Region 4 - Atlanta](#)
Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
- [Region 5 - Chicago](#)
Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
- [Region 6 - Dallas](#)
Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
- [Region 7 - Kansas City](#)
Iowa, Kansas, Missouri, and Nebraska
- [Region 8 - Denver](#)
Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming
- [Region 9 - San Francisco](#)
Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau
- [Region 10 - Seattle](#)
Alaska, Idaho, Oregon, and Washington



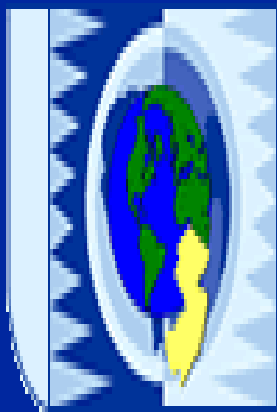
U.S. Department of Health & Human Services



Selected Priorities Across RHECs

Goal	Priority
Awareness	Communication
Leadership/ Governance	Membership
	Partnerships and champions
Health System and Life Experience	Improve access to quality care
	Identify intervention points and develop tailored strategies
Cultural and Linguistic Competency	Cultural competency education and training
Data, Research, and Evaluation	Improve data collection, usage, and reliability
	Disseminate data





new jersey
statewide network for cultural competence

Mission Statement

- To strengthen culturally competent services in the State of New Jersey for people with diverse needs, and to facilitate access by individuals, families, providers, and professionals to these services.

State of New Jersey, 1996-2005
Department of Health and Senior Services
<http://www.nj.gov/njsncc>

Defining Cultural Competence

Cultural competence is “the knowledge, interpersonal skills, and behaviors that enable a system, organization, program, or individual to work effectively cross-culturally by understanding, appreciating, honoring, and respecting cultural differences and similarities within and between cultures. The acquisition of cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment and is achieved over time.”

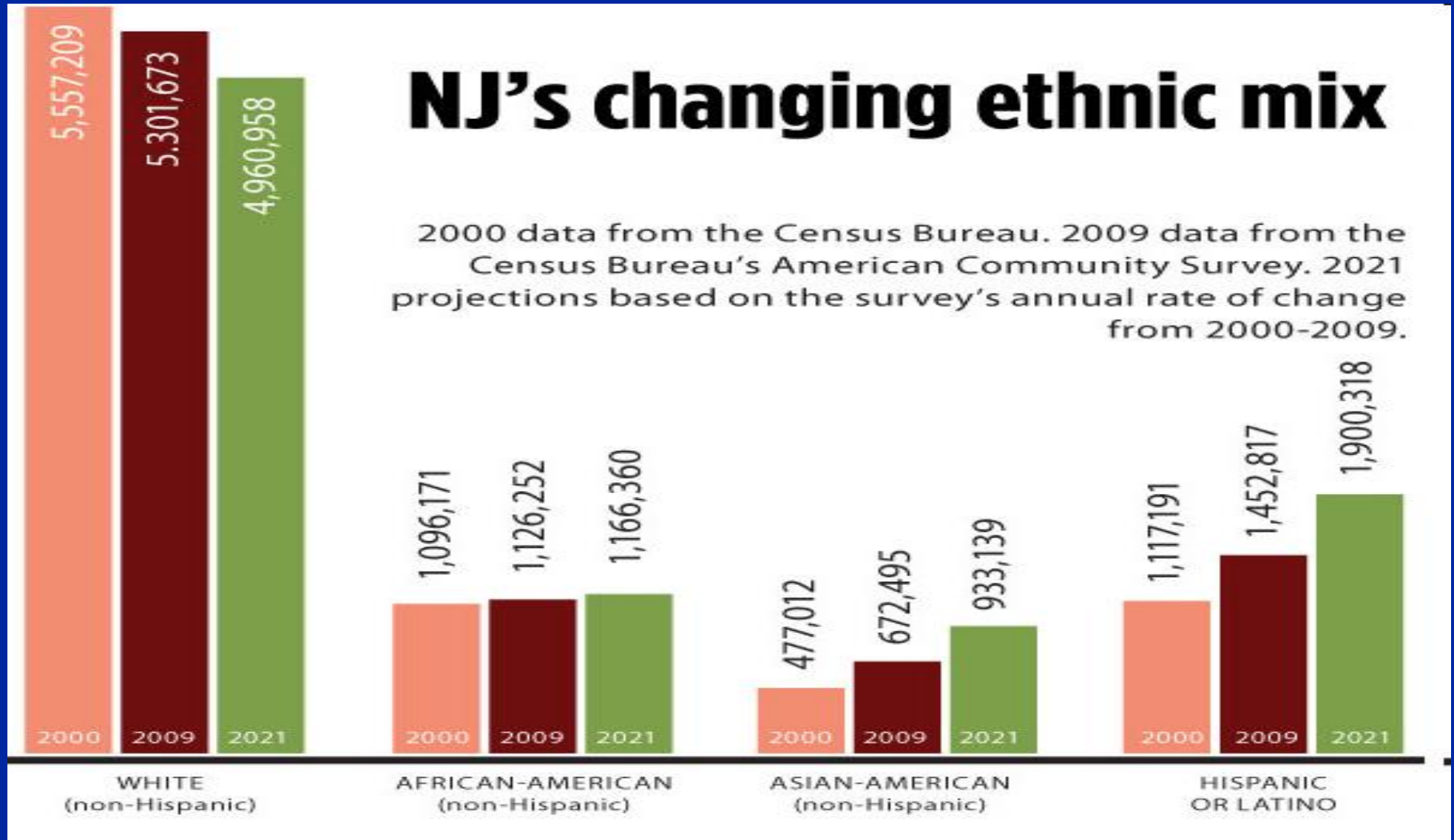
Cultural Competency Efforts in the US: Levers of Change

- Demographic Diversity and Immigration
- Inequalities in Health and Health Care
- Health Care Legislation and Policy Initiatives
- Standards, Regulations, and Accreditation Requirements
- Professional Education and Training Resources
- Public and Private Sector Funding
- Communities of Practice and Centers of Excellence
- Market Forces and the Business Case
- Liability and Risk Management.

Like RC, Goode TD. "Promoting cultural and linguistic competence in the American health system: levers of change," in *Inequalities in Health Care for Migrants and Ethnic Minorities, COST Series on Health and Diversity Volume II*, eds. D Ingleby, A Chiarenza, I Kotsioni, and W Devillé. Antwerp-Apeldoorn: Garant, 2012.

NJ's changing ethnic mix

2000 data from the Census Bureau. 2009 data from the Census Bureau's American Community Survey. 2021 projections based on the survey's annual rate of change from 2000-2009.



What are the most common foreign languages spoken in NJ? – 2006-2008

1. Spanish (> than all others combined)
2. Chinese
3. Italian
4. Portuguese
5. Tagalog
6. Korean
7. Polish
8. Gujarathi
9. Hindi
10. Arabic

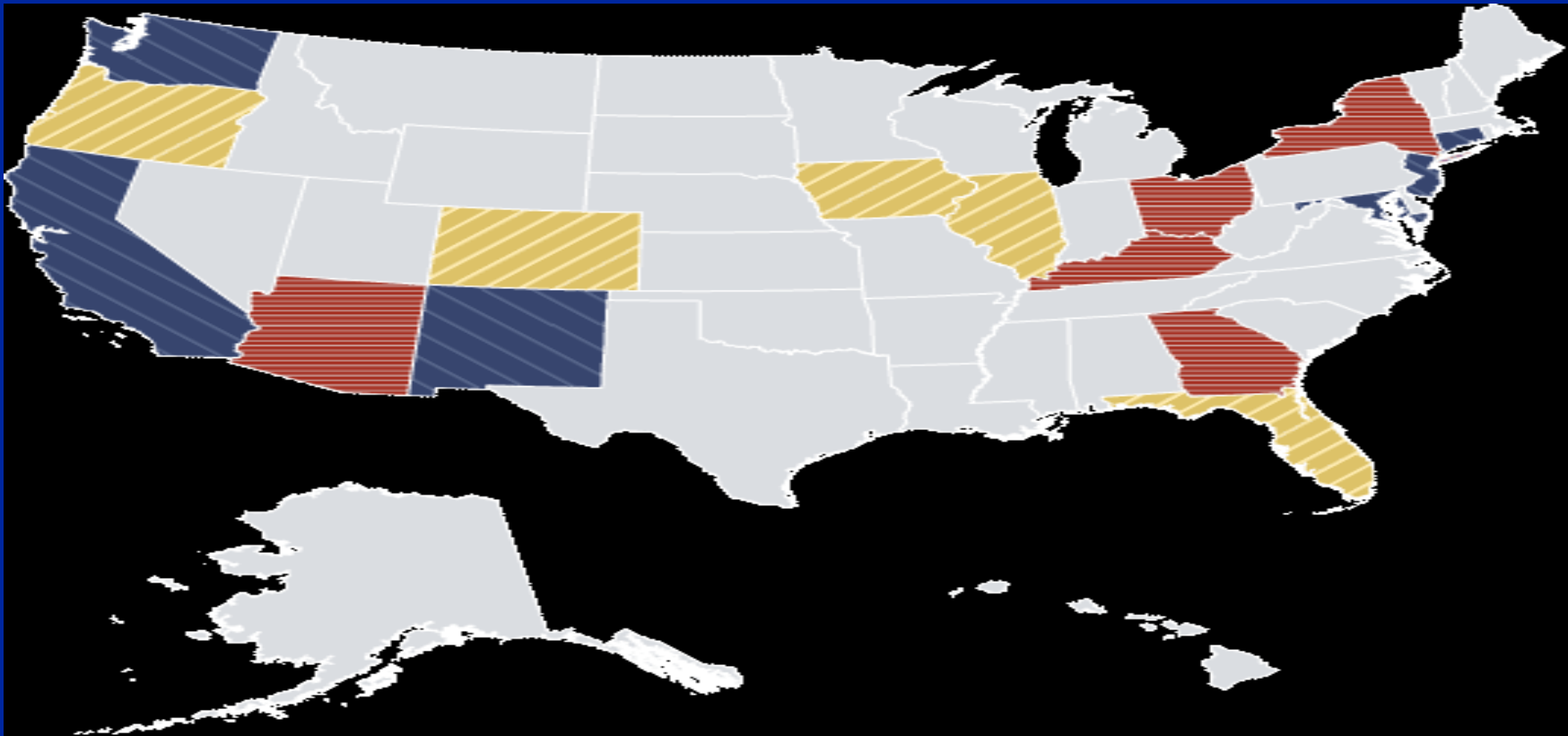
Source: American Community Survey

http://www.census.gov/newsroom/releases/archives/american_community_survey_acs/cb10-cn58.html

Health Promotion, Health Disparity, and Health Equity Challenges in NJ

- *Healthy New Jersey 2020*
- *The Health of Minorities in New Jersey
Part I: “The Black Experience” (1999)*
- *The Health of Minorities in New Jersey
Part II: “The Hispanic Experience” (2000)*
- *Asian American Forum on Health (2000)*
- *Strategic Plan to Eliminate Health Disparities
in New Jersey (2007)/Update & Addendum (2010)*
- *The Health of the Newest New Jerseyans:
A Resource Guide (2011)*

US Cultural Competency Legislation



- **Dark Blue** denotes legislation requiring (NJ, CA, WA, NM, CT) or strongly recommending (MD) cultural competence training, which was signed into law.
- **Burgundy** denotes legislation (NY, OH, AZ, KY, GA) which has been referred to committee and is currently under consideration.
- **Dark Yellow** denotes legislation (IL, FL, IA, OR) which died in committee or was vetoed (CO).

Adapted from <https://www.thinkculturalhealth.hhs.gov/Content/LegislatingCLAS.asp>

Standards, Accreditation Requirements and Guidelines

- Office of Minority Health's National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care
- Joint Commission
- National Committee on Quality Assurance
- National Quality Forum
- Liaison Committee on Medical Education
- Accreditation Council for Graduate Medical Education

Becoming a Culturally Competent Clinician and Health and Human Services Professional

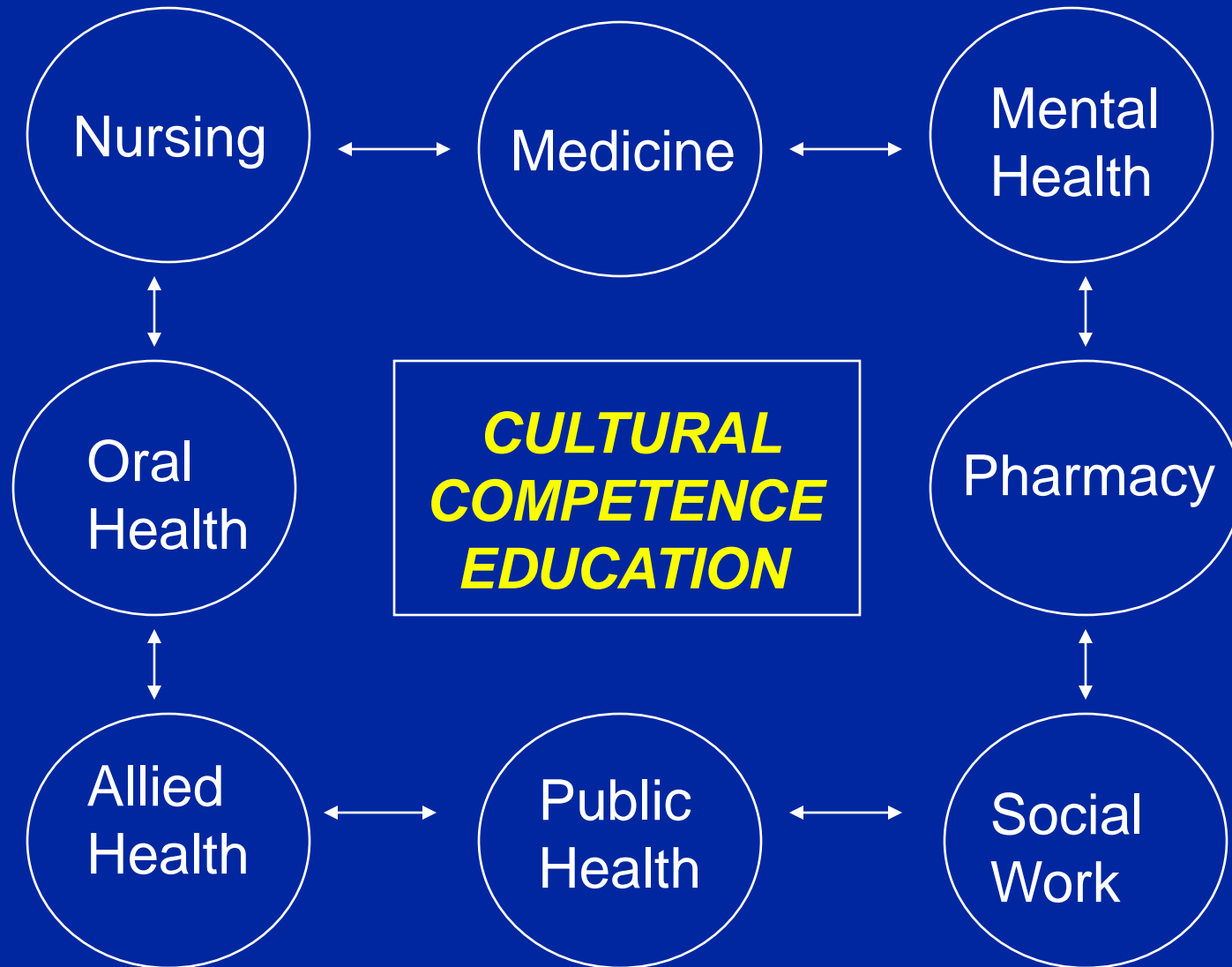
Cultivating Cultural Humility

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

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

Cultural Humility: People, Principles & Practices. A film by Vivian Chávez, 2012 http://www.youtube.com/watch?v=Mbu8bvKb_U

Interdisciplinary Team Care: Connecting the Silos



**Center for Healthy Families and Cultural Diversity
Department of Family Medicine and Community Health
UMDNJ-Robert Wood Johnson Medical School**

Cultural Competency CME Program

***“Improving the Quality of Care Provided
to New Jersey’s Diverse Communities”***

Educational Modules

- *Health Disparities, Cultural Competency, and Implications for Quality Care*
- *Caring for Diverse Populations: Understanding Your Communities*
- *Culturally Competent Patient-Centered Care*
- *Caring for Patients with Limited English Proficiency*
- *Addressing Cross-Cultural Health Literacy Challenges in Clinical Practice*
- *Becoming a Culturally Competent Medical Practice*

Selected Online Cultural Competency Continuing Education Programs

Office of Minority Health

A Physician's Practical Guide to Culturally Competent Care

<https://cccm.thinkculturalhealth.org>

Health Resources and Services Administration

***Effective Communication Tools for Healthcare Professionals
(formerly Unified Health Communication 101)***

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

Private Sector Live and Online Programs

Like RC. Educating Clinicians About Cultural Competence and Disparities in Health and Health Care.

The Journal of Continuing Education in the Health Professions 2011; 31(3):196-206

**Becoming a
Culturally Competent
Health Care Organization
and Service Delivery System**

Joint Commission

Hospitals, Language, and Culture: A Snapshot of the Nation, March 2007

http://www.jointcommission.org/assets/1/6/hlc_paper.pdf

One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations, April 2008

<http://www.jointcommission.org/assets/1/6/HLCOneSizeFinal.pdf>

“What Did the Doctor Say?” Improving Health Literacy to Protect Patient Safety, February 2007

http://www.jointcommission.org/assets/1/18/improving_health_literacy.pdf

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals, August 2010

<http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf>

A Cultural Competency Standards Crosswalk: a tool to examine the relationship between the OMH CLAS Standards and Joint Commission/URAC/NCQA Accreditation Standards

https://www.urac.org/savedfiles/CLAS_Standards_Crosswalk_V2.pdf

National Center for Cultural Competence Georgetown University

- *A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment*
- *Cultural Competence Health Practitioner Policy Assessment*
- *Planning for Cultural and Linguistic Competence in Systems of Care*
- *Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs*
- *Self-Assessment Checklist for Personnel Providing Primary Health Care Services*
- *Self-Assessment Checklist for Personnel Providing Services and Supports to Children with Disabilities & Special Health Needs and their Families*

Lessons Learned: Key Points

- Need to create learning environments that foster safety, trust, and respect
- Within-group diversity is often greater than between-group diversity
- There is no “cookbook approach” to treating patients
- Avoid stereotyping and overgeneralization
- An assets and strengths-based perspective is important to maintain
- Engage and develop partnerships with advocacy groups and communities
- Remember that every encounter is a cross-cultural encounter
- Developing cultural competency is a life-long journey and not a final destination

“Adding wings to caterpillars does not create butterflies -- it creates awkward and dysfunctional caterpillars. Butterflies are created through transformation.”

Stephanie Pace Marshall

<http://www.stephaniepacemarshall.com/articles/SPM-Article8.pdf>