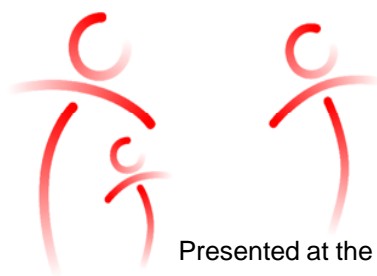


# Achieving Cultural and Linguistic Competence: Definitions and the Evidence

Tawara D. Goode

National Center for Cultural Competence  
Center for Child and Human Development  
Georgetown University Medical Center

April 21, 2009



Presented at the Xavier University of Louisiana College of Pharmacy's 3<sup>rd</sup> Annual Health Disparities Conference – April 19-21, 2009

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Georgetown University  
Medical Center



# PURPOSE

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## THE EVIDENCE BASE FOR CULTURAL AND LINGUISTIC COMPETENCY IN HEALTH CARE

Goode, Dunne & Bronheim, 2007

This paper examines the evidence base for the impact and benefits of cultural and linguistic competence in health and mental health care.



Support for this research was provided by The Commonwealth Fund



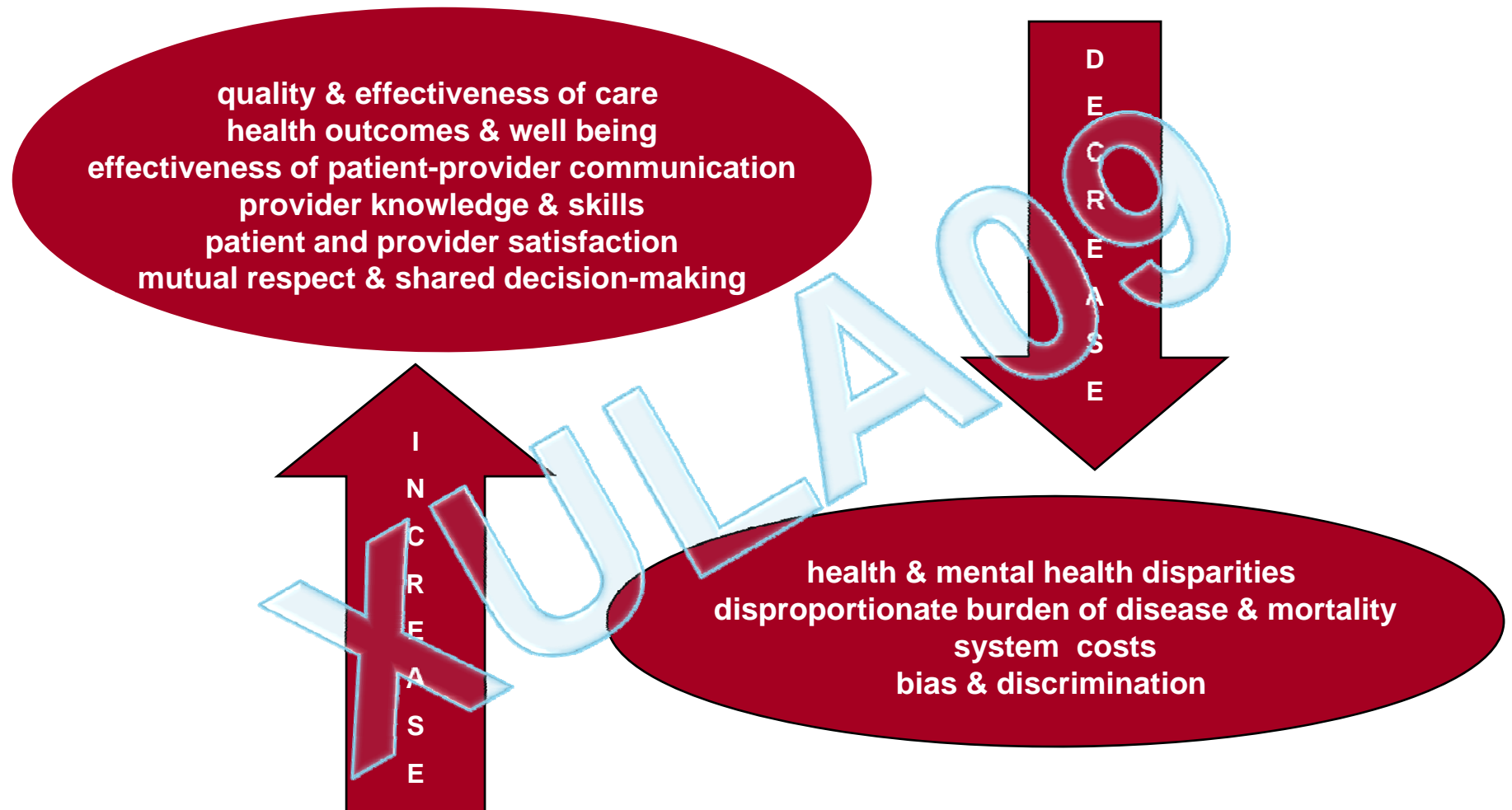
# HYPOTHESIS

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XULAA09



# Cultural & Linguistic Competence Benefits Patients, their Families & Communities Health and Mental Health Care Providers & Systems



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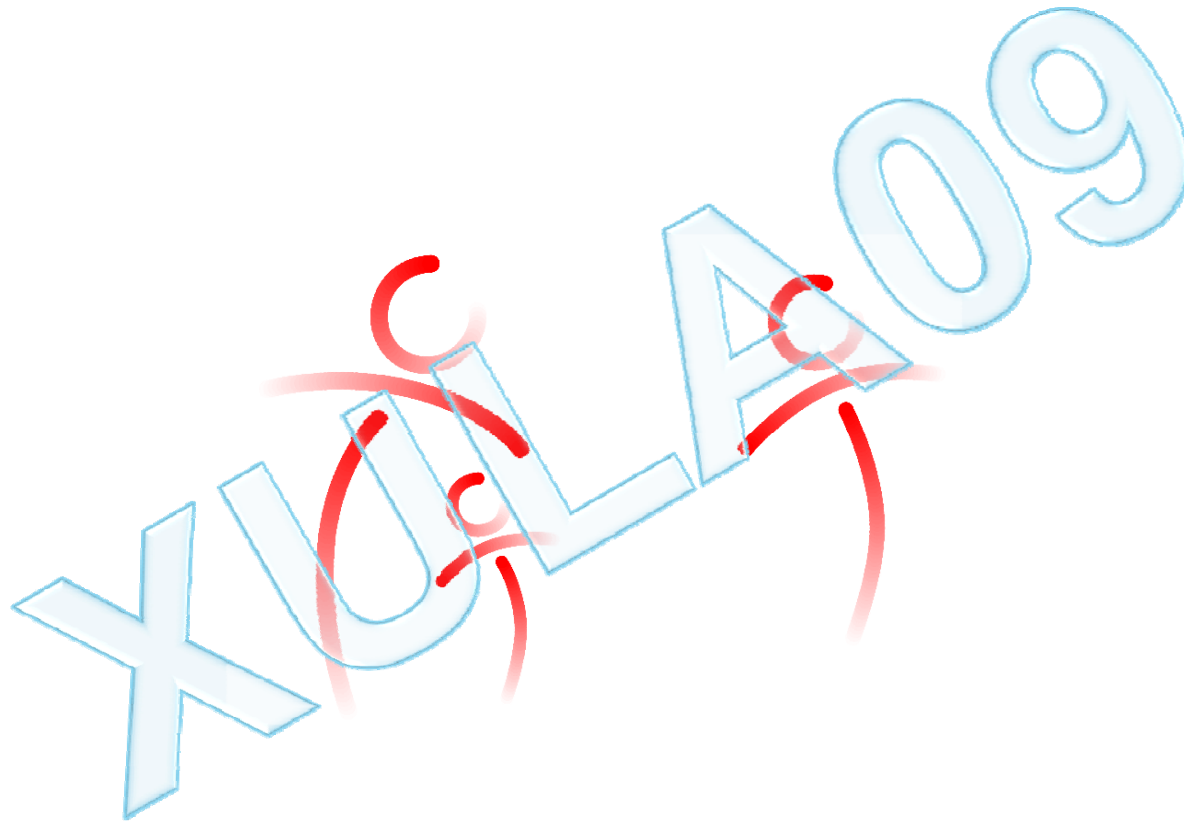
T.D. Goode

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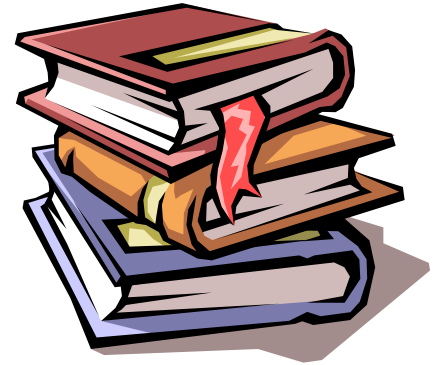


# DEFINING CONCEPTUAL FRAMEWORKS: CULTURAL COMPETENCE



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# Are we on the same page?



Culturally aware

Cultural humility

Culturally competent

Culturally relevant

Cultural sensitivity

Culturally & linguistically competent

Multicultural Competence

Culturally appropriate

Linguistically competent

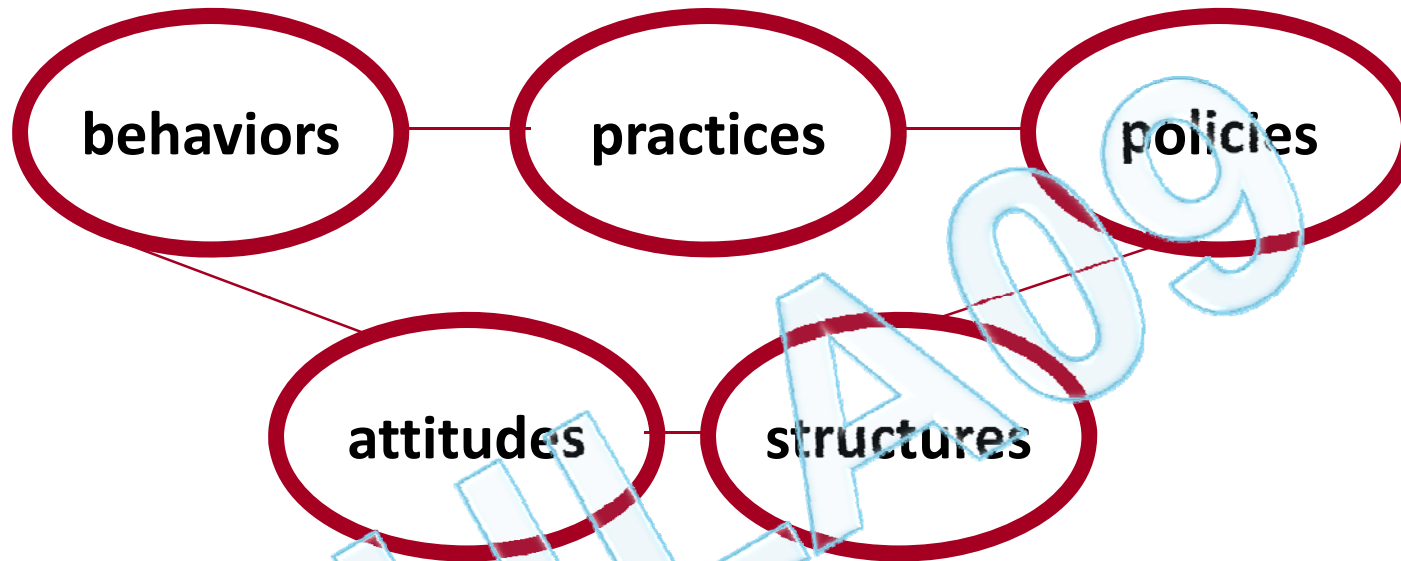
Culturally effective

Cultural Proficiency



# Cultural Competence

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requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally

(adapted from Cross, Bazron, Dennis, & Isaacs, 1989)

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# Five Elements of Cultural Competence

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## Organizational Level

- value diversity
- conduct cultural self-assessment
- manage the dynamics of difference
- institutionalize cultural knowledge
- adapt to diversity
  - policies
  - structures
  - values
  - services

(Cross, Bazron, Dennis and Isaacs, 1989)





# Five Elements of Cultural Competence

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## Individual Level

- acknowledge cultural differences
- understand your own culture
- engage in self-assessment
- acquire cultural knowledge & skills
- view behavior within a cultural context

(Cross, Bazron, Dennis and Isaacs, 1989)



# ESSENTIAL ELEMENTS IN A CULTURALLY COMPETENT SYSTEM

These five elements must be manifested at every level of an organization including:

- policy makers
- administration
- practice & service delivery
- consumer/patient/family
- community

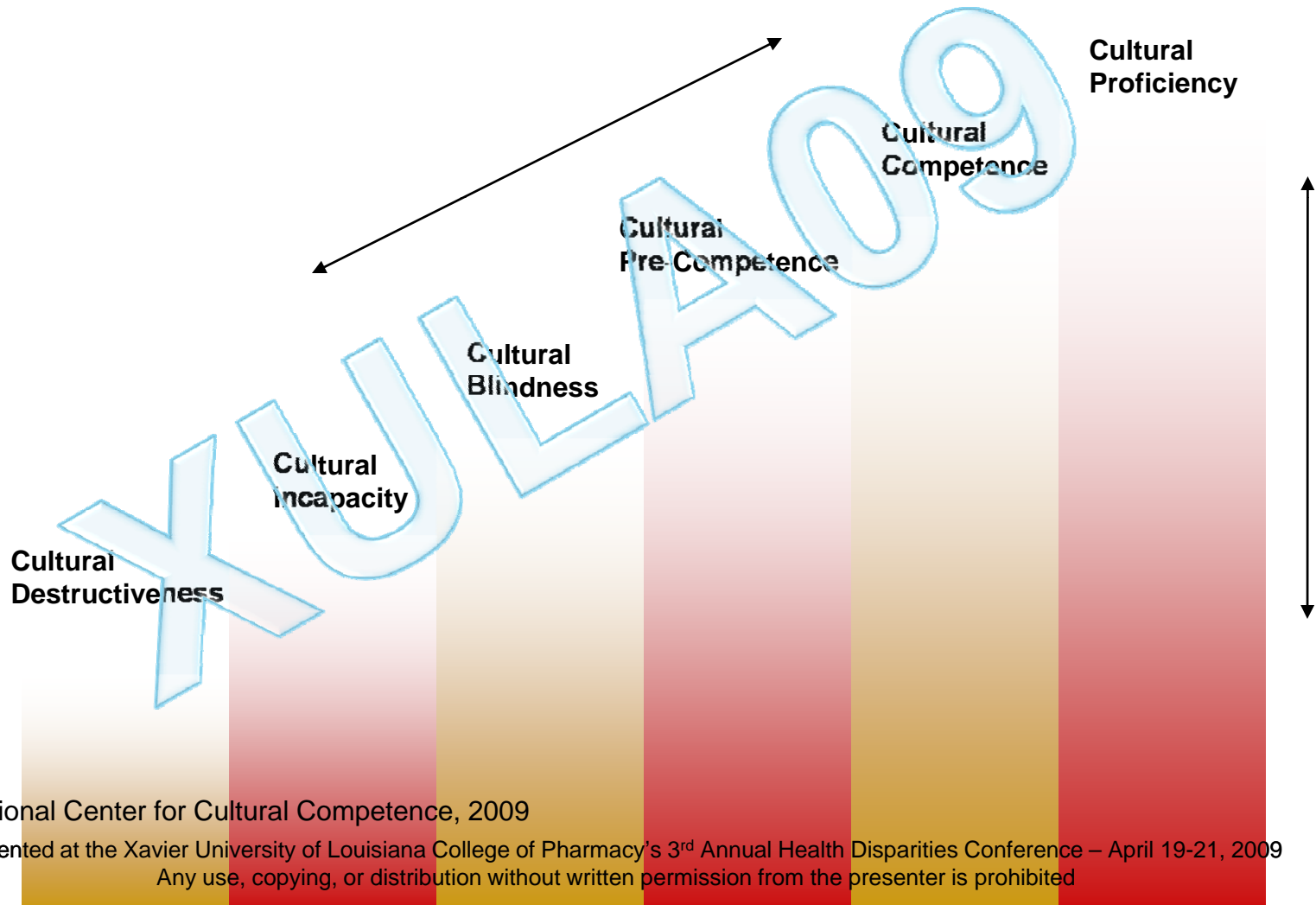
and reflected in its attitudes, structures, policies, practices, and services.

Adapted from Cross, Bazron, Dennis, & Isaacs, 1989



# Cultural Competence Continuum

(Cross, Bazron, Dennis and Isaacs, 1989)

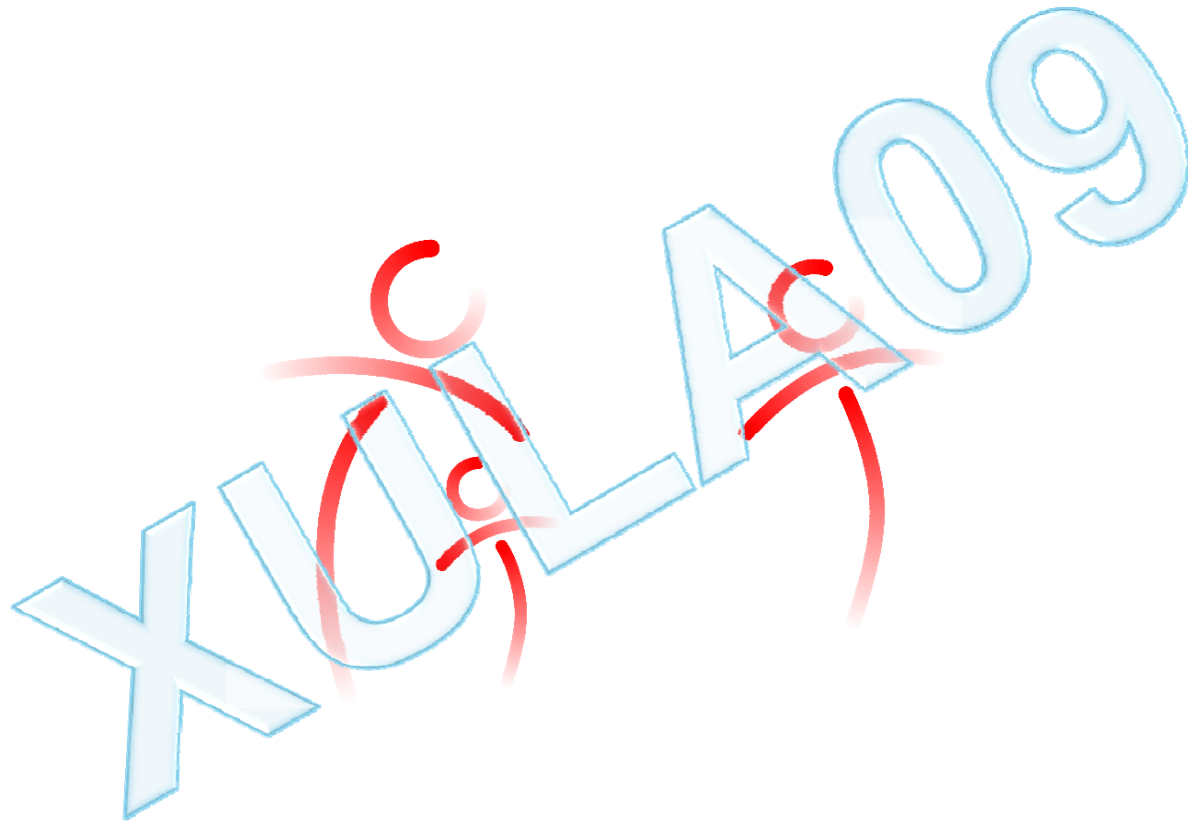


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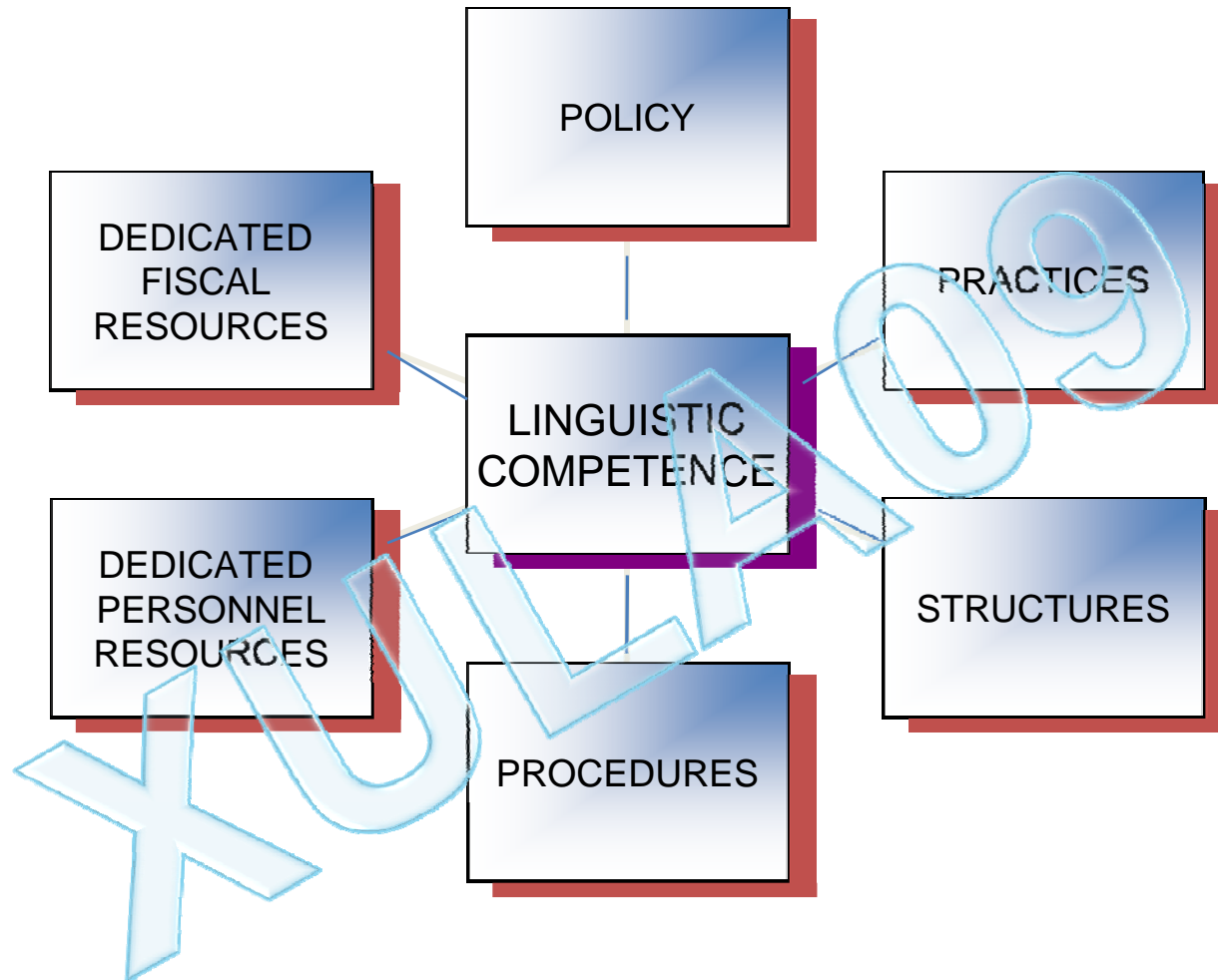
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# DEFINING CONCEPTUAL FRAMEWORKS: LINGUISTIC COMPETENCE



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# LINGUISTIC COMPETENCE FRAMEWORK



# Linguistic Competence

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- is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who are not literate or have low literacy skills, individuals with disabilities, and those who are deaf or hard of hearing
- requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served
- insures policy, structures, practices, procedures and dedicated resources to support this capacity



# Linguistic Competence

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- bilingual/bicultural or multilingual/multicultural staff
- cross-cultural communication approaches
- cultural brokers
- foreign language interpretation services (including distance technologies)
- sign language interpretation service
- multilingual telecommunication systems
- Videoconferencing & telehealth technologies
- TTY, CART, VRT and other assistive technology devices



# Linguistic Competence

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- materials in alternative formats (e.g. audiotape, Braille, enlarged print)
- materials developed and tested for specific cultural, ethnic, and linguistic groups
- ethnic media in languages other than English (e.g. television, radio, Internet, newspapers, periodicals)
- print materials in easy to read and low literacy formats (e.g. picture and symbol formats)





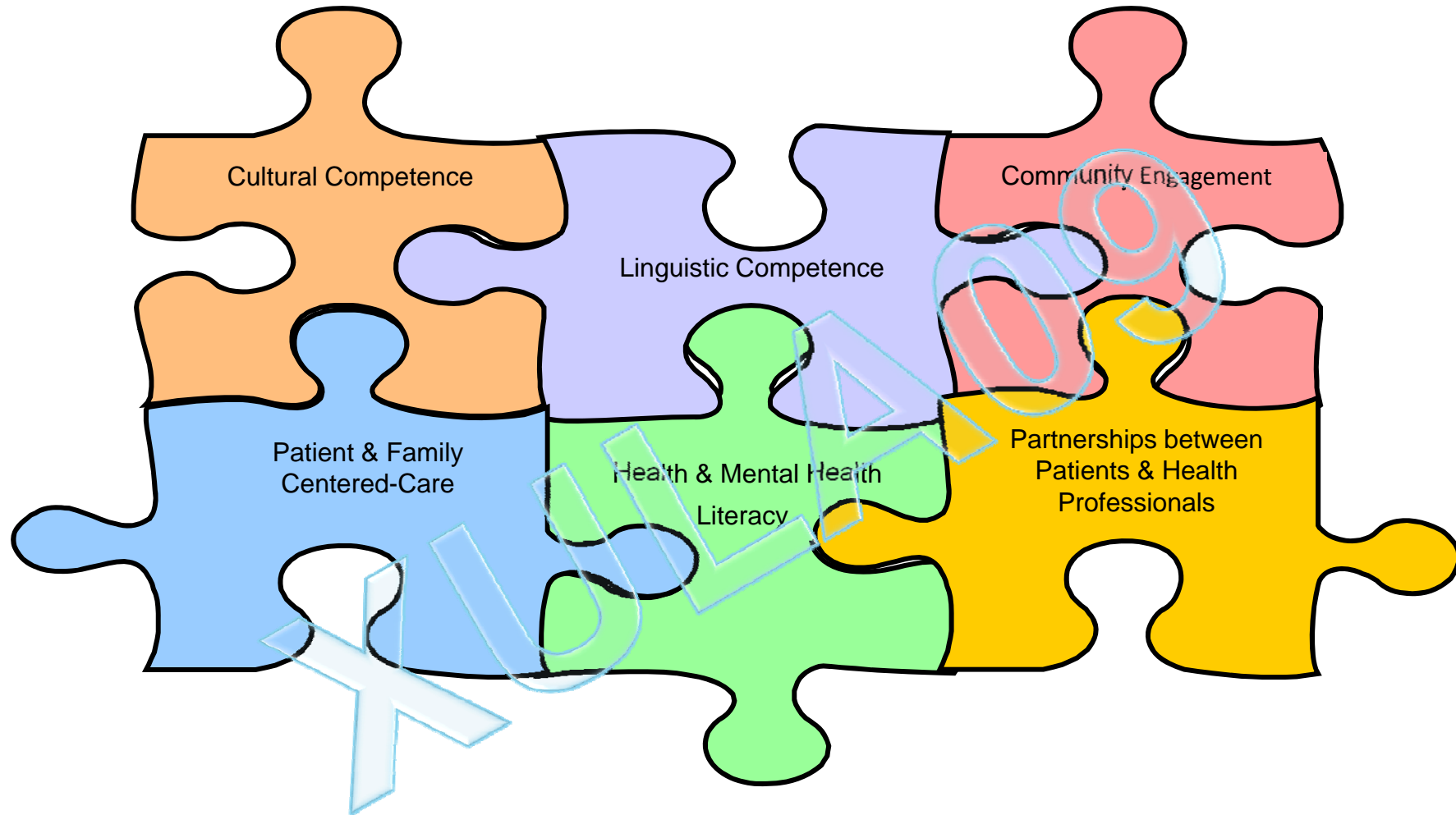
# Linguistic Competence

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- varied approaches to share information with individuals who experience cognitive disabilities
- translation of:
  - legally binding documents (e.g. consent forms, confidentiality and patient rights statements, release of information, applications)
  - signage
  - health education materials
  - public awareness materials & campaigns



# INTEGRALLY LINKED *Pieces of the Same Puzzle*



T.D. Goode

Presented at the Xavier University of Louisiana College of Pharmacy's 3<sup>rd</sup> Annual Health Disparities Conference on April 21, 2009  
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# **CULTURAL AND LINGUISTIC COMPETENCE WITHIN THE CONTEXT OF ORGANIZATIONAL CHANGE**



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# Organizational Change Theories Applied to Cultural & Linguistic Competency

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**Resistance** is a characteristic of any major organizational change effort and a major reason why organizational change efforts fail. (Prochaska, Prochaska and Levesque, 2001).

**Resistance** should be expected in different stages of multicultural organizational change because the topics of prejudice, discrimination and oppression are controversial and emotionally charged. (Brantley, Frost and Razak, 1996).

The Transtheoretical Model of Change suggests that it is counterproductive to forge ahead with action without addressing issues such as **resistance**, that stand in the way of individual and organizational readiness for change.

Data Source:

Mayeno, L. Multicultural Organizational Development: A Resource for Health Equity, in Cultural Competence in Health Care Series, The California Endowment and Compasspoint Nonprofit Services, April 2007.

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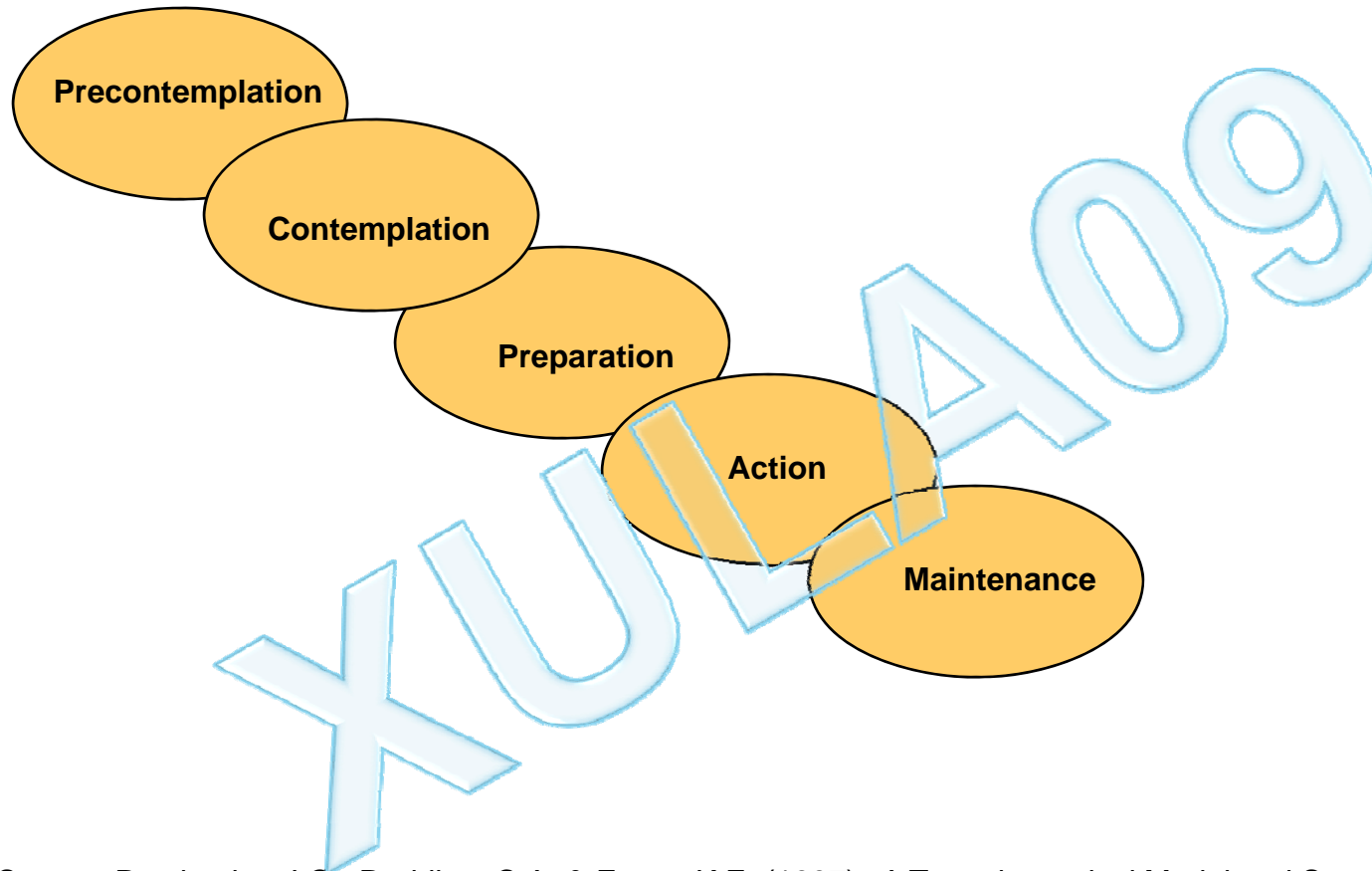
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# Stages of Change

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Data Source: Prochaska, J.O., Redding, C.A. & Evers, K.E. (1997). A Transtheoretical Model and Stages of Change. In K. Glanz, F.M. Lewis, B.K. Rimer (Eds.) Health Behavior and Health Education: Theory Research and Practice a(2<sup>nd</sup> edition) (pp. 60-84). San Francisco: Jossey-Bass Publishers.

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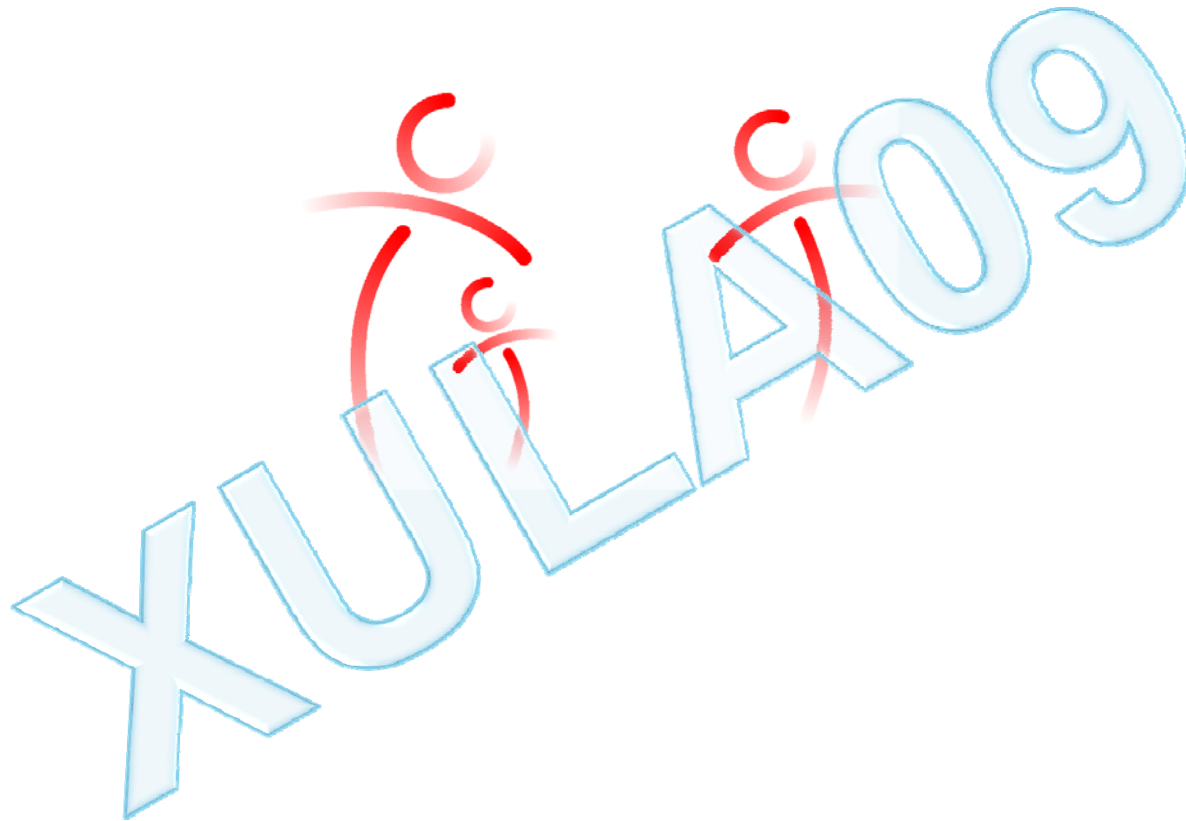
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# Methodology and Salient Findings

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# The Evidence Base for Cultural and Linguistic Competency in Health Care

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## METHODOLOGY

### **Section 1: Health and Mental Health Outcomes and Well-Being**

Conducted a structured search of Medline from January 1996 – March 2006 to identify primary research articles for review on health and well-being.

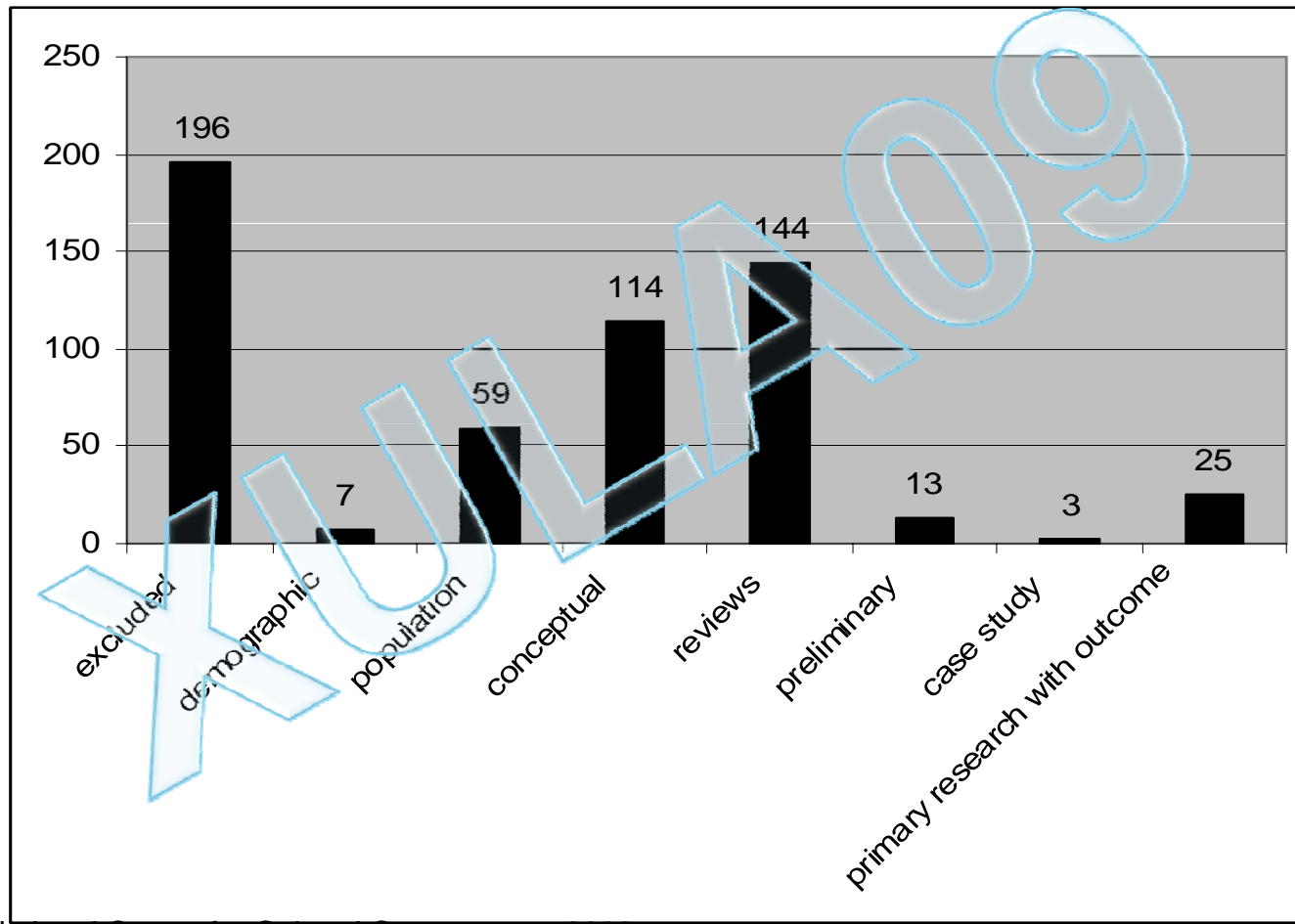
### **Section 2: Costs & Benefits – The Business Case**

Exploratory search of multiple databases to identify evidence related to the business case, including primary sources, selected reviews, technical reports and conceptual papers.



# EVIDENCE AND THE GAPS: Health Outcomes

## Overall state of the evidence



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# EVIDENCE AND THE GAPS: Health Outcomes

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## SUMMARY & TRENDS

- ◆ interventions are primarily ethnic- or racial-specific
- ◆ elements of “cultural competence” of the intervention not fully described or defined
- ◆ no control group or control group received usual care
- ◆ results were reported as a whole
- ◆ cultural competency of the intervention is not isolated as an independent variable and its sole effects are not measured



# EVIDENCE AND THE GAPS: Health Outcomes

---

## SUMMARY & TRENDS

- ◆ weighted toward practitioner/providers
- ◆ addressed immediate outcomes of short-term targeted interventions
- ◆ empirical studies are emerging



# EVIDENCE AND THE GAPS: Systems Cost    The Business Case Health

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*What are the costs of culturally and linguistically competent care?*

- ◆ Most of the literature focuses on the cost of linguistic competence (e.g. interpretation & translation services)
- ◆ Largely conceptual, advocacy and technical reports



# EVIDENCE AND THE GAPS: Systems Cost    The Business Case Health

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## SUMMARY & TRENDS

### Market Share

- ▶ primarily conceptual
- ▶ did not find primary sources that quantified market share gains or losses for diverse populations
- ▶ no empirical evidence that examines the impact of cultural and linguistic competence on market share



# EVIDENCE AND THE GAPS: Systems Cost The Business Case Health

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## SUMMARY & TRENDS

### Cost Benefits

- literature focuses on reducing racial and ethnic health disparities
- neither directly links cultural competence to cost benefits nor quantifies specific interventions
- preponderance of literature focuses on linguistic competence (language access services) with varying findings (both increased and decreased costs reported)
- insufficient evidence to draw conclusions



# EVIDENCE AND THE GAPS: Systems Cost    The Business Case Health

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## SUMMARY & TRENDS

### Staff Turnover

- studies focus on retention of providers in underserved communities
- no studies examined the relationship between cultural competence of an organization or provider and retention
- few studies examined in depth the cultural and linguistic factors that can be attributed to staff turnover
- no studies focused on cultural competence and associated costs of recruiting and retaining a diverse work force



# EVIDENCE AND THE GAPS: Systems Cost    The Business Case Health

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## SUMMARY & TRENDS

### Liability

- most of the literature focuses on liability within the contexts of patient provider communication, informed consent, violations of Title VI
- emerging evidence on LEP and adverse medical events that increase exposure for liability
- no studies that make the direct link between cultural competence and reducing liability



# CHALLENGES FOR RESEARCH AND PRACTICE

---

- Isolating, defining and measuring specific aspects of cultural competence
- Refining population definitions to include cultural variables other than race, ethnicity or language
- Valid and reliable measurement/instrumentation
- Sufficient sample size and longitudinal studies (funding implications)





# CHALLENGES FOR RESEARCH AND PRACTICE

---

- Linking cultural and linguistic competence to quality of care
- Linking culturally and linguistically competent organizations to health outcomes and well-being (i.e. presence of policy, structures, procedures, practices, personnel, allocated resources)



# CRITICAL REFLECTIONS ON THE EVIDENCE

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- ☑ No consistent framework, logic model or definition of cultural competence
- ☑ Narrow scope of current studies
- ☑ Involving diverse patients and communities
- ☑ Impact of funding on the evidence
- ☑ Complexity of collecting and analyzing data on race, ethnicity and culture



# CRITICAL REFLECTIONS ON THE EVIDENCE

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## Pharmacy Literature about Cultural & Linguistic Competence Demonstrates Similar Trends 1999-2008

- concept papers
- teaching methodologies & curricula adaptation
- assessment tools
- cross-cultural communication skills
- language access



# The Evidence Base for Cultural and Linguistic Competency in Health Care

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## CONCLUSION

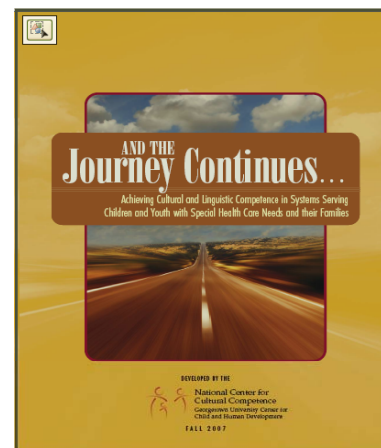
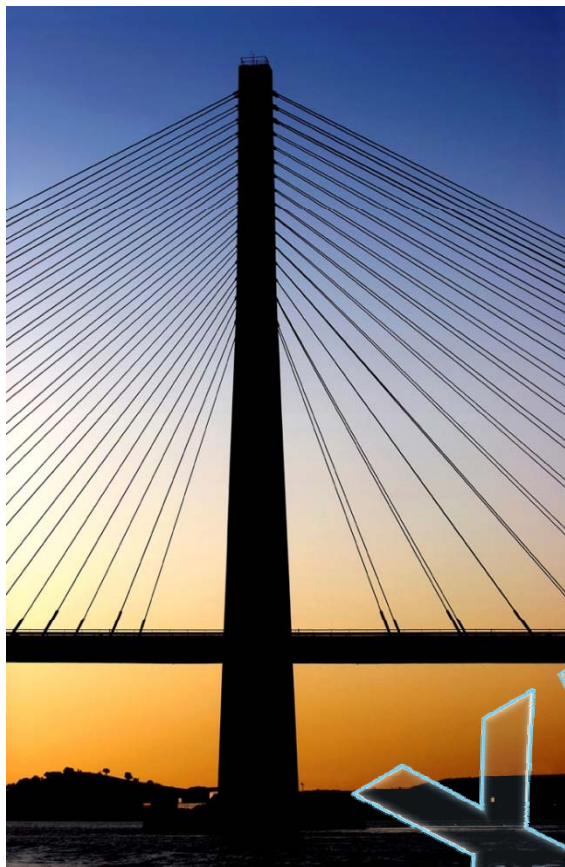
There is currently enough evidence to warrant continued investment of intellectual and fiscal capital to support and sustain a robust research agenda on cultural and linguistic competence in health and mental health care as these early results hold great promise.



# BUILDING BRIDGES, BUILDING PARTNERSHIPS, ELIMINATING HEALTH DISPARITIES

## *And the Journey Continues ...*

- Leadership
- Shared Ownership
- The ISMS: Confronting the Undercurrents
- Keeping it Real
- Weave into the Fabric of the Organization



DATA SOURCE: *And the Journey Continues ... Achieving Cultural and Linguistic Competence in Systems Serving Children and Youth with Special Health Care Needs and their Families*, 2007

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