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EXECUTIVE LEADERSHIP IN ACADEMIC MEDICINE

Program for Women

Building Diverse and Inclusive Communities in Academic Health Centers

2008 Forum on Emerging Issues

Harry Gibbs, Robert C. Like and Jeannette E. South-Paul

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2008 ELAM Forum on Emerging Issues

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Advancing Women's Leadership in Academic Medicine:
An Overview of the ELAM Program

ELAM Overview

Founded in 1995, ELAM is the only in-depth national program that focuses on preparing senior women faculty at academic health centers (AHCs) to move into positions of institutional leadership where they can make positive change. ELAM is a core program of the Institute for Women's Health and Leadership (IWHL) at Drexel University College of Medicine. Together, ELAM and the IWHL continue the long legacy of advancing women in medicine that began in 1850 with the founding of the Female Medical College of Pennsylvania, the nation's first women's medical school and predecessor of today's Drexel College of Medicine.

ELAM's year-long part-time fellowship program mixes traditional executive seminars and workshops on topics pertinent to AHC management, with group and individual projects aimed at developing personal leadership. Throughout the year, there are opportunities to meet with nationally recognized leaders in academic medicine, health care, government and industry and to interact with peers from different disciplines and institutions. The program year culminates in a 1½ day Forum, when the Fellows, their Deans, and other invited guests gather with top experts to explore a new methodology or strategy for addressing a timely issue facing AHC leadership.

Recognition of ELAM's importance and the leadership potential of its graduates is evidenced in the following statistics: nearly 90% of U.S. medical schools and 50% of U.S. dental schools have sponsored ELAM Fellows. ELAM participants now hold senior posts (Department Chair or higher) at close to 100 U.S. academic institutions, including 10 deanships.

ELAM Recognition and Support

ELAM has been honored in every facet of its work. In higher education, it has received the American Council on Education's Office of Women in Higher Education Network Leadership Award; in medicine, the Association of American Medical Colleges' Women in Medicine Leadership Development Award; and in dentistry, the Dr. Edward B. Shils Entrepreneurial Education Fund Award.

Because of its pre-eminence in the field of women's leadership education, ELAM received a five-year grant in 2001 from The Robert Wood Johnson Foundation to conduct an in-depth evaluation of the program's effectiveness and develop theory about educating women for leadership. Additional funding for this research project was provided by the Mayo Medical School and Mayo Clinic Rochester, the University of Michigan, Vanderbilt University, Wright State University, and the Jessie Ball duPont Fund.

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The ELAM Program's Forum on Emerging Issues

The Forum on Emerging Issues is the capstone event of the ELAM spring session, when Fellows are joined by senior delegates from their home institutions, most often the Deans, along with invited guests (see Appendix A for list of this year's participants). Each year, the ELAM Forum explores an innovative concept or methodology that has direct application to leading and managing an academic health center. The Forum's interactive format enables participants to explore potential applications of the new concept in a collegial and creative environment.

Past Forum Topics

Positive Deviance (2007)

*Positive Deviance differs from traditional "needs based" or problem-solving approaches; rather, it seeks to mobilize the organizational community to identify and amplify positive problem-solving practices that already exist. Led by **Jerry and Monique Sternin**, who first developed the approach 10 years ago to address the problem of malnutrition in Vietnam. **Underwritten by the University of Alabama at Birmingham School of Medicine and West Virginia University School of Medicine.***

Tapping the Full Power of the Alpha Leader (2006)

*Working from the belief that the greatest leadership influence is leveraged through openness to feedback and commitment to transparent communication, facilitators **Kate Ludeman** and **Eddie Erlandson** of Worth Ethic offered techniques for moving the "Sludge" out of interactions and communications in order to move to "Results." Underwritten by the **University of Iowa Carver College of Medicine**, the **University of Medicine and Dentistry of New Jersey/New Jersey Medical School**, and the **University of Ottawa Faculty of Medicine**.*

Transformational Philanthropy (2005)

*Participants explored effective ways for attracting and cultivating individual donors to support their institutional mission and vision and help transform their organizations. Led by fundraising expert **Karen E. Osborne**, President of The Osborne Group, Inc. Underwritten by the **University of Texas M.D. Anderson Cancer Center**.*

Uncovering and Overturning the 'Immunity to Change': Personal Learning and Professional Development (2004)

*Looking first at themselves and then at their organizations, participants Identified "Core Contradictions" that impede work commitments or aspirations. Led by Harvard's Meehan Professor of Adult Learning and Professional Development, **Robert Kegan**, an award-winning psychologist, teacher, and co-author of How the Way We Talk Can Change the Way We Work. Underwritten by the **University of Texas Medical Branch at Galveston**.*

Energizing Change in Organizations: An Introduction to Appreciative Inquiry (2003)

*Participants learned how to improve their own leadership and facilitate organizational change using the methods of Appreciative Inquiry. Led by **Penelope R. Williamson**, Associate Professor of Medicine at Johns Hopkins University School of Medicine, and **Anthony L. Suchman**, Practicing Internist and Organizational Consultant, participants explored strategies for building more relationship-centered, inclusive, collaborative organizational systems that focus on institutional strengths rather than problems. Underwritten by the **University of Utah School of Medicine**.*

Building the Leadership Engine for Academic Health Centers (2002)
*Led by **Noel M. Tichy**, Professor of Organizational Behavior and Human Resource Management at the University of Michigan Business School and Director of its Global Leadership Program. Dr. Tichy and participants explored how to develop effective leaders and winning organizations. Dr. Tichy's scholarship and research focus on global leadership, strategic human resource management, organizational change and career development. He led participants through a series of exercises and reflections on how to develop effective leaders and winning organizations. Underwritten by the **University of Michigan's Medical School, School of Dentistry, and Office of the Provost.***

Innovative Thinking and Creativity Tools to Improve Academic Health Centers (2001)
***Paul Plsek**, an internationally recognized consultant on improvement and innovation for today's complex organizations and developer of the concept of DirectedCreativity^{TM}, introduced participants to a variety of creativity tools to promote innovative thinking and problem solving at AHCs. Underwritten by the **University of Michigan's Medical School, School of Dentistry, and Office of the Provost**.*

Balanced Scorecard: Strategy and Performance for Academic Health Centers (2000)
*The tool of the Balanced Scorecard for strategy and performance measurement efforts was applied in the academic health center setting. Led by **Stephen Rimar**, a recognized leader in the application of the Balanced Scorecard approach to academic medicine and then Vice-Chairman of the Department of Anesthesiology and Medical Director of the Faculty Practice Plan at the Yale University School of Medicine. Underwritten by the **Colgate-Palmolive Company**.*

Exploring Complex AHC Systems Using Computer Simulation (1999)
*Using an innovative model specially designed for ELAM that focused on academic health centers, participants built on the scenario-planning concepts explored in the 1998 Forum. Guided by **Bruce Gresh**, who designed the simulation, participants played out the effects of implementing management decisions in a complex system. Underwritten by the **Colgate-Palmolive Company**.*

Planning, Learning and Rehearsing the Future for Academic Health Centers: Success in the Face of… (1998)
*Introduced scenario planning methodology. Led by **Paul Batalden**, Director, Health Care Improvement Leadership Development, Center for Evaluative Clinical Sciences, Dartmouth Medical School. Underwritten by a grant from the **Josiah Macy, Jr. Foundation**.*

Creating A Learning Organization: For Renewal of Academic Medicine (1997)
Peter Senge's Five Disciplines was applied to academic health center systems.

Academic Medical Centers 2010: An Organizational Odyssey (1996)
Using future search methodology, this Forum explored the optimal governance structures and leadership styles that will be essential for the future.

* Note: Titles listed above are as of the dates each topic was presented.

The 2008 ELAM Forum on Emerging Issues
Building Diverse and Inclusive Communities in Academic Health Centers

"Cultural competence: set of congruent behaviors, knowledge, attitudes and policies that come together in a system, organization, or among professionals that enables effective work in cross-cultural situations."

Cross, Bearson, Dennis and Isaacs. 1989.
From their work in the National Center for Cross-Cultural Competence, Georgetown University.

The 2008 ELAM Forum on "Building Diverse and Inclusive Communities in Academic Health Centers" was unique in: the expertise and experience of the three faculty facilitators; the broad focus; and wealth of resources that were provided to participants.

Faculty
The Forum faculty team members were all senior-level academicians who hold senior- or executive-level positions in their institutions. For this Forum, we selected faculty who possess not only credentials and experience in diversity education, but have deep experience in leading academic health center operations.

Harry Gibbs, M.D.
Dr. Gibbs is Vice President for Institutional Diversity at the University of Texas M.D. Anderson Cancer Center. He has designed, developed, and produced workshops and seminars, both internal and multi-center, focused on minority faculty and staff development. His work includes diversity initiatives for organizational advancement, mentoring, and cross-cultural communications. He is the Chairman of the Diversity Council and the Affirmative Action Officer at M.D. Anderson Cancer Center in Houston, Texas.

Robert Like, M.D., M.S.
Dr. Like is Professor and Director of the Center for Healthy Families and Cultural Diversity in the Department of Family Medicine at the University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School. Dr. Like is nationally known for his work in the area of cultural competency and health professions education. He has received a variety of awards including the 2004 Distinguished Service in the Health Field Award from the National Association of Medical Minority Educators, and is a 2004 and 2007 Pfizer/American Academy of Family Physicians Foundation Visiting Professor in Family Medicine.

Jeannette South-Paul, M.D.
Dr. South-Paul is Andrew W. Mathieson Professor and Chair of the Department of Family Medicine at the University of Pittsburgh School of Medicine. She has been actively involved in cultural diversity activities for more than 15 years, serving on committees in the Association of American Medical Colleges (AAMC) and the American Academy of Family Physicians (AAFP).

An unusually wide range of issues involved in building diverse and inclusive communities were presented over a day and half of the Forum, using slides, table and plenary discussions, and videos. The topics included: organizational culture, considerations in conducting research in a multicultural setting, addressing racial and ethnic disparities and the role of the medical profession, and how to become a culturally competent academic health center.

HEALTHCARE ORGANIZATIONAL CULTURE

Harry Gibbs, M.D., provided an overview of the role of culture and leadership in creating an environment of inclusion and the importance of organizational culture in serving as a "critical lens for diversity, inclusion and cultural competency." He presented a description of culture and healthcare organizational culture:

> *"Culture is the totality of socially transmitted behavioral patterns, arts, beliefs, values, customs, lifeways, and all other products of human work and thought characteristics of a population of people that guide their worldview and decision-making."*
>
> *"Health care organizational culture has a profound effect on the capacity as well as the commitment to provide culturally competent care."*
>
> Purnell and Paulanka, Transcultural Health Care (ref: slides of Dr. Gibbs)

He posited that the organizational culture of healthcare is a unique and complex one regardless of whether the approaches to care follow non-profit or for-profit models. Some aspects that contribute to its uniqueness are: elaborate system of beliefs, pervasive technology, conflict between reliance on technology and humanism, social license to actually invade body and mind, and government-sanctioned authority to exclude "non-accepted" beliefs, practices and practitioners. As a result of its complexity and uniqueness:

> *"The health care industry as a culture occupies a special place in society, quite different from the culture of its patients, regardless of their ethnicity or social class. The industry is essentially mechanical, technical, financial, and actuarial, whereas its patients are none of these"*
>
> Lonner and Mayeno, LY 2000 (ref: slides of Dr. Gibbs)

Therefore the healthcare organizational culture creates a "power struggle" or tension between providers and patients where patients may have little control over choice of plan or provider and choices may vary with cultural determinants (see Table I).

What are the conditions for organizational change (specifically in the realm of cultural competence)? (See sidebar.) Gibbs suggested focusing the change effort on the 45% of the workforce who, research shows, are in the group that initiates change, those who agree immediately with the change, and those who agree when they see a positive indication from the change. He also referred to *The Spiral Dynamics Model,* (described later in the report on page 17), an organizational culture assessment tool that M.D. Anderson Cancer Center has found particularly useful in documenting evolution along the continuum of increasing cultural competence.

The leader's role is to provide the necessary commitment and support for the change; otherwise, according to John Kotter in *Leading Change,* efforts will wither, from the start, or later or become unsustainable for lack of a champion. When the leadership is invested in creating an inclusive environment where individuals are committed to attaining cultural competence, then there will be more authenticity in outward behaviors reflecting individual intentions systemically throughout the organization.

Conditions Required for Organizational Change*

- Potential for change
- Solutions for current problems
- Dissonance (discontent with the status quo)
- Identified barriers
- Insight into ways to overcome barriers
- Support for change

* Beck and Cowan, The Spiral Dynamics Model

Table I – Cultural Determinants

Cultural Determinants	
(we tend to focus on those that 100% involve us)	
Languages	Disability
Religious orientation	Educational level
Age	Gender
Patriarchal	Socio economic status
Family	Ethnicity
Medical center culture	Our own moral beliefs on death
Nationality	Sexual orientation
Race	

CULTURAL AND OTHER CONSIDERATIONS IN CONDUCTING RESEARCH IN MULTI-CULTURAL SETTINGS

Jeannette South-Paul, M.D., presented provocative issues that increasingly face AHCs as they are encouraged by governments and funding agencies to expand clinical services and to consider the relevance of race and ethnicity in clinical trials and other types of community interventions. The first is the notion of cultural and linguistic competence:

"…a set of congruent behaviors, knowledge, attitudes and policies that come together in a system, organization or among professionals that enables effective work in cross-cultural situations".

Cross, Basron, Dennis and Isaacs, Study conducted at the National Center for Cultural Competence, Georgetown University 1989

Dr. South-Paul deemed the foremost critical skill to be *"cultural humility"* -- commitment to: lifelong self-evaluation and self-critique, understanding and redressing the power imbalance in the patient-physician dynamic, and 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.) The considerable resources provided by the North American Primary Care Research Group were highlighted (http://www.napcrg.org/responsibleresearch.pdf) and the importance of a Community Research Advisory Board also was cited (Cappon P, Parboosingh J, et al. "Social Accountability A Vision for Canadian Medical Schools". Health Canada, Ottawa, Ontario © Her Majesty the Queen in Right of Canada, represented by the Minister of Public Works and Government Services Canada, 2001).

Key terms in responsible research with communities:

1. Primary care
2. Community
3. Participatory Research
4. Collaboration
5. Partnership
6. Empowerment
7. Science

*http://www.napcrg.org/responsibleresearch

"Responsible, culturally competent research is participatory research." It requires changing the view of the community as a problem to be solved with multiple needs that must be addressed (drop-outs, welfare recipients, gangs) to an assets-based view of clients having individual and collective gifts and talents (businesses, income, cultural groups).

Several barriers contribute to interference with community research. One is historic distrust of the healthcare system exemplified by the 40-year Tuskegee syphilis study. The community also experiences its own stressors (for example, family, unemployment, educational and healthcare problems). Dr. South-Paul referred to studies by The Commonwealth Fund's 2001 Health Care Quality Survey that demonstrated minorities face greater difficulty communicating with their physicians. Hispanics and African Americans were most likely to feel they were treated with disrespect (because of lack of ability to pay, race, lack of ability to speak English). Other barriers include the fact that some diverse communities have not benefited from the research they participated in; that different values, spiritual, social, and cultural beliefs prevent participation; and finally that funders of research do not follow principles of participatory research and have little or no training in the area
(Goode T, Harrison N. Policy Brief 3: Cultural Competence, in Primary Health Care Partnerships for a Research Agenda. National Center for Cultural Competence. Georgetown University, Summer, 2000).

An example of community participation is the CRAB (Community Research Advisory Board) at the University of Pittsburgh, a vision of Stephen B. Thomas, Ph.D., Director of the Center for Minority Health (CMH). About 40 people are on the board and about 20 of them meet monthly. The group includes: CMH faculty, staff and individuals from academic, health related and community settings and other stakeholders such as patients, clergy, retailers, law enforcement, community organizations, and government. Participants are enrolled from broader places: community health centers, churches, schools, health fairs.

The CRAB follows The Ten Commandments of Community-Based Research (based on the work of Dessau L, Larson T, Wold C, eds. Community Health Improvement: Through Information and Action. San Francisco, CA; Health of the Public Program and supported by The Pew Charitable Trusts and The Robert Wood Johnson Foundation, in collaboration with The Rockefeller Foundation), 1995, pages 11-12. In

addition, Dr. South-Paul added two additional commandments based on her experience. Participatory research results in service learning and more practical clinical trials. A new field is developing for studying outcomes based on practical clinical trials. One dynamic in participatory research is how to facilitate mutual valuation of the contributions of the participants.

The Ten Commandments of Community Based Research

+ Two

1. Thou shalt not define, design nor commit community research without consulting with the community!
2. As ye value outcomes, so shall ye value processes!
3. When faced with a choice between community objectives and the satisfaction of intellectual curiosity, thou shalt hold community objectives to be the higher good!
4. Thou shalt not covet the community's data!
5. Thou shalt not commit analysis of community data without community input!
6. Thou shalt not bear false witness to or about members of the community!
7. Thou shalt not release community research findings before the community is consulted (premature exposition)!
8. Thou shalt train and hire community people to perform community research functions!
9. Thou shalt not violate confidentiality!
10. Thou shalt freely confess thyself to be biased and thine hypotheses and methodologies so likewise!

   Plus two from Dr. South-Paul
11. Thou shalt know and respect the culture of the community you are studying!
12. Thou shalt know that the community is the expert on its culture and consult it first!

Small groups of Forum participants then outlined barriers that dissuade some ethnic groups' participation in clinical trials and diminish patient-oriented interactions and community involvement (Table II). Groups also listed strategies some AHCs are using to enhance community-based participatory research and the impact on the traditional research process and reward system in AHCs (Table III).

Table II – Barriers to Conducting Clinical Trials in the Community

	Participating in Community Research – Challenges	
1.	Barriers to participation	a. Financial. b. Assuming Medicare drives everything (e.g. nursing, public health). c. HIPAA. d. Academic view of "good" and "bad science." e. Organization structure.
2.	Children	a. Under-represented, understudied and underfunded.
3.	Communities	a. Are diverse: Considering them as one unit results in ineffective interventions and evaluations using the current model. b. Expect you to meet clinical needs, not just research needs: How best to meet their needs with limited resources? (e.g. Tertiary care medical center tend not to focus on major issues of concern to rural inhabitants [primary care]). c. Require a trust-based relationship: This requires time, and respect for the community time table. d. Are often multiple communities: (e.g. The term "Latino" includes multiple communities.)
4.	Community Care Providers	a. May perpetuate barriers to care at academic health centers. b. Memory of something that didn't go well lasts a long time. c. Can be seen as competitors.
5.	Continuum of Research Infrastructure/Flexibility	a. What researcher or structure can assume a new focus? For example, if research focus is diabetes and the community is concerned with violence, what is appropriate infrastructure to provide that flexibility?
6.	Disclosure	a. We cannot tell community results before prohibition-disclosure requirements.
7.	Innovation/Technology	a. Need for new methods to evaluate impact and respond to refined processes identified during study implementation. b. Technology application, e.g. telemedicine.
8.	Relationships and Relationship-building	a. Past history of problematic relationships between community and school. b. To establish relationships: need time and need resources. c. Institution needs to support and value community relationships. d. Relationship develops with individual, not institution, and may be lost easily e. Identifying the right people who represent the community; identifying the champion; identifying who "speak for" communities and also for the academic health center; must be very cautious not to alienate parts of the community.

Table III– Strategies to Increase Community Participation in Research Trials

	Participating in Community Research – Opportunities	
1.	Change Attitude/Approach	a. The community is the guide rather than the AHC. b. The definition of community may not be what you initially thought. c. It will take time and timing belongs to the community. d. Immediate response is required to develop a trust-based relationship.
2.	Find Common Goals	a. Begin with survey of needs and barriers for community to complete. b. Necessary to find common goals in order to successfully carry out. The question may not be the primary goal for the community, yet the researcher may successfully complete the study because the community's goal is being addressed. c. Need University person – engaged in community research and development.
3.	Build Community Relationships	a. Establish trust prior to making proposal. b. Need to keep coming back to the community. Build a relationship over time. c. Community Involvement – ask the recent additions to communities (Bosnians, Africans) what they need. d. Establish relationship BEFORE you need to do research project.

4.	Communicate with the Community	a. We (Emory) do extensive research to determine what types of informational communications are most effective given the demographics of Atlanta. We have found face to face communications are best for African American females, whereas slick on line information is the only type that attracts the young (Millennial(s)). Hence tailor the communications to the group. Ensure you'll share data prior to publishing.
		b. Media.
		   1) If we know about press, we can prepare for patients better, adjust website in advance.
		   2) Can use good stories to provide local information.
		c. Utilize community participatory process to develop, refine and confirm the research questions that matter and the interventions that are feasible.

5.	Find Community Champions and/or Advocates	a. ID community participants.
		   1) Work through an existent "channel" in low income housing.
		   2) Identify a population and its leaders.
		b. Community participation in all aspects. Not just research in building of a center. Representatives serve as conduit of the community and have an investment in the community.
		c. For pre-determined disease, specific studies (i.e. Atlanta's HIV vaccine trial) we go to specific advocacy groups rather than community at large and they in turn serve as intermediaries to communities. Examples of these groups are AIDS Atlanta, Sister Love, and Gay and Lesbian Groups.

6.	Discover and Enhance Community Assets	a. Enhance community through the process (provide training for involved members that allow them to advance their own positions/education). b. Large long-term network in rural communities; screening connections with local resources. c. "Centers for Independent Living" are available in many areas who serve as "the community home" for persons with disabilities.

Table III – Strategies continued

		Participating in Community Research – Opportunities
7.	Academic Adaptations	a. Redefine /change criteria for promotion and tenure that reflect CBPR (Community Based Participatory Research) principles. Make criteria explicit. b. Student outreach projects-teach them to be in community (e.g. Specific medical education program focusing on the Latino Community by recruiting medical students and faculty who want to focus on care to this community). c. Read successful CTSA Applications.
8.	IRB Adaptations	a. Put diverse /URM representation on IRB (URM – underrepresented in medicine). b. IRB's need to understand the 10 Commandments of Participatory Research. c. Be aware of guidelines. North American Primary Care Research Group for responsible research in communities (NAPCRG). d. What you should focus on in this method is data, not instruments. e. Conduct qualitative research as well as quantitative research. f. Remember that process and product are inextricably linked.

9.	Academic Networks	a. Community-based Schools must partner with large institutions.
		b. Develop large regional consortium for community-based research involving community medical schools.
		c. Isolated Academic Medical Centers-develop outreach with rural or inner urban Medical Centers (AHEC program).
		d. Having Community Partners.
		    1) Database-Industry, Health Care.
		    2) Practice based research networks.
		    3) Large institutions.

10.	What Worked Well	a. UCLA
		    1) Robert Wood Johnson Scholars Program.
		    2) School Systems-Family Health Clinic in a MS.
		    3) Med Students are docs for kids in juvenile health system.
		b. UNC
		    1) AHEC-40 years.
		    2) Family Practice Network Case for Community focused research.
		    3) AHEC's (9 centers) education, clinical research.
		    4) Community based practice for med students.
		    5) SPH efforts out in the community.
		c. Louisville
		    1) Community representation on board of directors.
		    2) When building new buildings, always have community reps on their board.

11.	Technology	a. Telemedicine

Need to value community engaged research in same way we value NIH-funded research when promotion and tenure are considered.

Questions and answers triggered by the video

There was lively response and reactions of ELAM participants to videos about various aspects of cultural competency in health care education and delivery and how they could be used. These included:

- Viewing diversity as positive rather than focusing on the numbers.
- Need to consider white males – that do not fit the mold of white male heterosexual stereotype.
- Celebrate all dimensions of diversity in one month as opposed to separate holidays.
- Consider preventive action rather than solving problems as they arise.
- As new people come into the organization, assign mentors who understand the organization, career ladders, etc.
- Couple the trigger tapes with personal stories for greatest impact.
- Make incremental movements and celebrate movements toward that culture of inclusion rather than focusing on major organizational change initiatives.
- Create a business case for diversity, comparing the cost if one chooses to ignore creating a culture of diversity (for example, the turn over costs 16M /yr at MDACC).
- How does the institution deal with patient bias toward caregivers? Make clear that the organization is inclusive.
- Make outreach to the community to familiarize them with the organization and have the organization know who is in the community.
- Sensitize faculty and staff with regards to community issues.
- Vignettes seem so blatant…and yet insensitivities still occur that are similar to the vignettes presented.
- Educate young people about their micro-inequities so they are better prepared.
  - E.g. the words might be OK but the tone may be condescending.

One film illustrated cultural issues with a U.S. medical school starting a school abroad. A take-home message was the importance of framing the inquiry. (e.g. asking "What do you understand?" "What do you need?" "What are your concerns?" – rather than – "What are your questions?")

FILMS SHOWN

Hold Your Breath from Stanford University depicts Mohammad Kochi who fled Afghanistan in 1979 to settle in CA but then develops an aggressive life-threatening cancer. Concerns about his care arise because of lack of cultural understanding as well as language and communication barriers. The video illustrated non-effective tactics: developing cultural competency for <u>each</u> culture. It is more effective to develop health literacy by creating feedback loops to check for understanding.

In *Worlds Apart,* African American Robert Philips, Stanford, CA who had end stage renal disease presented his experience with the racial inequities that kept him on the waiting list longer than Euro-American transplant patients. Questions raised by participants included: What would they say on watching film? Were the family members involved in the editing?

AFFIRMATIVE ACTION

Dr. South-Paul then presented highlights of legislation that had major impact on underrepresented minority enrollment and advancement at academic health care centers (Table IV).

Table IV – Selected Affirmative Action Legislation

Year*	Agent	Action
1961	John F. Kennedy	Executive Order (EO) 10925: first used the term affirmative action (AA) to ensure equal treatment regardless of race, religion, color, sex or national origin.
1964	Lyndon B. Johnson	Landmark Civil rights Act of 1964: Prevented discrimination by large employers (over 15 employees) regardless of government contract status. EEOC established.
1978	Supreme Court	U of CA vs. Bakke upheld use of race as one factor for admission of qualified applicants. Unlawful: SOM's practice of setting aside 18/100 seats for disadvantaged.
1995	Bill Clinton	Reviewed affirmative action guidelines and declared support: "mend it, don't end it."
1995	Regents of UC	University of CA voted to end affirmative action programs at all University of California Campuses. In 1998, ban resulted in 61% drop in African Am, Latino and Native Americans at Berkeley and 36% drop at UCLA.
1995	Voters	CA Prop 209: Abolished all public sector affirmative action programs in the state (employment, education, contracting).
1997	Student Plaintiffs	Lawsuits filed against University of Washington Law school use of affirmative action policies in admission standards.
1998	Voters	Voters in Washington passed Initiative 200 banning affirmative action policies in education, public contracting and hiring.
2000	FL Legislature	Passed One Florida Plan banning Affirmative Action. It also included the Top 20% plan guaranteeing the top 20% admission into the University of Florida system.
2001	California	Adopted plan for top 12.5% of students entry into the State university system.
2002	6th Circuit Ct	Grutter vs. Bollinger upheld use of race as one of many factors in admission to University of Michigan Law School.
2003	Supreme Court	Grutter vs. Bollinger upheld use of race because narrowly defined, served compelling interest, flexible and took a holistic view of each applicant.
2003	Supreme Court	Gratz vs. Bollinger - Rejected: granting points based on race/ethnicity for admission to school of Literature, Science and Arts was rigid. No review of applicant's file.

(*Wilcher, SJ, Wilcher Global, LLC and former Executive Director of Americans for a Fair Chance)

There are trends toward anti-affirmative action policies. In 2006, the Michigan Civil Rights Initiative (MCRI) coalition passed an amendment to the state constitution banning consideration to individuals or groups based on race, gender, color, ethnicity or national origin for public employment, education or contracting purposes. Ward Connerly (political activist and entrepreneur) is spearheading anti-affirmative action programs in targeted states: Colorado, Arizona, Missouri Oklahoma and possibly South Dakota or Nebraska. However, Jordan Cohen, M.D., AAMC's president emeritus, documents the need for diversity among faculty, physicians, students and managers of healthcare to improve medical education and research, to care for underserved populations and because it makes business sense (Cohen, J. The Consequences of Premature Abandonment of Affirmative Action in Medical School Admissions. *JAMA* 2003; 289(9) 1143-1149). Without mandated programs in higher education to ensure such diversity, underserved minority representation falls.

Health disparities: "Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups."

Healthcare disparities: "Unexpected differences in the quality of care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention."

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, 2002

Robert C. Like, M.D., M.S., provided an overview of the research that documents health/healthcare disparities, contributing factors, and what medical professionals can do.

In the area of cardiovascular care, for example, out of 81 studies conducted between 1984 and 2001, 68 found evidence of racial/ethnic difference in care, 11 found no difference, and two found minorities more likely than whites to receive appropriate care. Social determinants (socioeconomic status, class, and education), access to care (for example, insurance or geographic location) and the provision of health care (through the individual medical encounter and/or the health system itself) can lead to disparities in health (Kaiser Family Foundation's Racial/Ethnic Differences in Cardiac Care: The Weight of the Evidence (see: http://www.kff.org/uninsured/20021009c-index.cfm).

More minorities (African Americans, Asians, Latinos and Native Americans) are uninsured compared to non-Latino whites, (Kaiser Commission on Medicaid and the Uninsured, Health Insurance Coverage in America, 2001, updated 2003) with higher mortality rates among African Americans across all age groups (Kaiser Family Foundation, 2003).

"Of all forms of inequality, injustice in health care is the most shocking and inhumane"

Rev. Martin Luther King, Jr.

"The problem of the Twentieth Century is the problem of the color line."

W.E.B. Du Bois

"The opposite of love is not hate but indifference"

Elie Wiesel

"Statistics are people with the tears wiped off"

Kerr White, M.D.

The causes of health care disparities can be found at the level of the patient, the health care system, the practice, and the physician. Communication is critical to the practice of medicine; but "isms," trust, stereotypes and biases need to be examined, understood and eliminated since they interfere with effective communication. RESPECT (a mnemonic for **R**espect, **E**xplanatory model, **S**ociocultural context, **P**ower, **E**mpathy, **C**oncerns and fears, **T**herapeutic alliance) is an educational model to improve cross-cultural communication and therapeutic encounters with patients from diverse backgrounds

(Bigby JA, ed. Cross-Cultural Medicine, Philadelphia, American College of Physicians, 2003, page 20). It has been used in Boston University's Residency Training Program.

Dr. Like provided a list of selected resources for more information on minority health and health disparities:

http://health.nih.gov/search.asp/26   http://www.rwjf.org
http://ncmhd.nih.gov   http://cmwf.org
http://www.hhs-stat.net/omh/index.htm   http://www.cdc.gov/omhd/AMH/AMH.htm
http://www.ahrq.gov/research/minorix.htm

> Systemic cultural competence: "The ability of systems to provide care to patients with diverse values, beliefs and behaviors including tailoring delivery of care to meet patients' social, cultural and linguistic needs. The ultimate goal if a health care system and workforce that can deliver the highest quality of care to every patient, regardless of race, ethnicity, cultural background or English proficiency."
>
> The Commonwealth Fund, 2002

BECOMING A CULTURALLY COMPETENT AHC

Dr. Like discussed a variety of organizational and educational interventions that are useful in increasing the cultural competency of AHCs. He noted the importance of identifying which curriculum – explicit, implicit/hidden, or null/absent – is being transformed. He also highlighted several initiatives for cultural competency education and patient- and family-centered care (Table V). In addition, he provided a Cultural Competence Assessment Exercise for use in AHCs (see page 18).

Table V – Selected Cultural Competency Education and Patient/Family Centered Care Initiatives

Cultural Competency and Patient-Family Centered Care Initiatives
▸ **Picker Institute (www.pickerinstitute.org)**
▸ **Planetree Health Alliance (www.planetree.org)**
▸ **Institute for Family-Centered Care (www.familycenteredcare.org)**
▸ **California Endowment second language and cultural competency training (www.calendow.org)**
▸ **Association of American Medical Colleges Tool for Assessing Cultural Competency, TACCT (www.aamc.org/tacct)**
▸ **Georgetown National Center for Cultural Competence (www.georgetown.edu/research/gucchd/nccc)**
▸ **NHLBI-funded consortium for multi-cultural education (http://culturalmeded.stanford.edu)**
▸ **HRSA cultural and linguistic competence education conducted through their centers of excellence (www.hrsa.gov/culturalcompetence/curriculumguide).**
▸ **Beach MC, Saha S, Cooper LA. The Role and Relationship of Cultural Competence and Patient-Centeredness in Health Care Quality, Commonwealth Fund, October 2006 http://www.cmwf.org/publications/publications_show.htm?doc_id=413721**
▸ **American Medical Association. 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, 2006. (http://www.ama-assn.org/ama1/pub/upload/mm/369/ef_imp_comm.pdf)**

The following exercise was adapted by **Robert C. Like, MD, MS**, Center for Healthy Families and Cultural Diversity, Department of Family Medicine, UMDNJ-Robert Wood Johnson Medical School.

Email: Like@umdnj.edu
Website: http://www2.umdnj.edu/fmedweb/chfcd/index.htm

CULTURAL COMPETENCE ASSESSMENT EXERCISE:
ACADEMIC MEDICAL CENTERS

1. Describe the culturally diverse faculty, learners, administration, and staff in your academic medical center

2. Describe the culturally diverse populations served by your academic medical center

3. Describe barriers you have encountered in:

   A. Teaching about culturally diverse populations
   B. Providing clinical care to culturally diverse populations
   C. Engaging in research with culturally diverse populations

4. Discuss any challenges you have had working with:

   A. Faculty/Learners/Administrators/Staff of Culturally Diverse Backgrounds
   B. Patients/Families of Culturally Diverse Backgrounds
   C. Community Organizations and Advocacy Groups Representing People of Culturally Diverse Backgrounds

5. Describe any cross-cultural success stories and why they occurred:

   A. Predoctoral and Postdoctoral Educational Programs
   B. Clinical Care Programs
   C. Research Programs
   D. Community Service Programs

6. Describe academic medical center policies and procedures developed, and strategies and resources used to increase organizational cultural competence

7. Discuss how your academic medical center is addressing the Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care.

8. Identify areas where key internal and external stakeholders can collaborate to improve education, clinical care, and research involving culturally diverse populations

Adapted and expanded with modifications from the work of:
James L. Mason
JLM & Associates
Portland, Oregon 1994
Please do not duplicate, circulate, or quote from without permission of the author.

Several continuums for organizational cultural competence were presented:

▸ Cultural destructiveness → incapacity → blindness → pre-competence → competence → Cultural proficiency (adapted by Hayes 1991 from the original developers of the continuum: Cross T, Bazron B, Dennis K, and Isaacs M: Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children who are Severely Emotionally Disturbed, Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center, 1989, pp. 13-17).
▸ "No talk and no walk" → "talking the talk" → "walking the talk" → "talking and walking"
▸ Inaction → symbolic action and initial organization → formalized internal action → patient and staff cultural diversity initiatives → culturally diverse learning organizations (Andrulis, http://erc.msh.org/provider/Andrulis.pdf)

Another approach to organizational change in the direction of cultural competence is Appreciative Inquiry (AI). This approach focuses on conversational inquiry to define what are people's best experiences in a topic (such as diversity) and then to create a dynamic and compelling positive future vision for the organization. AI has been used to foster:

> *"Sometimes it is easier to change the world than to change oneself"*
>
> Rabbi Yakov R. Hilsenrath

o Relationship-centered care at Indiana University (Cottingham AH, Suchman AL, Litzelman DK, Frankel RM, Mossbarger DL, Williamson PR, Baldwin DC, Inui TS. Enhancing the informal curriculum of a medical school: a case study in organizational culture change. J Gen Internal Med. 2008;23(6):715-722).

o Inclusiveness in residency programs and hospitals: http://meded.iusm.iu.edu/resources/rcciinfo.htm

See the Appreciative Inquiry website at the University of Virginia for additional resources: http://appreciativeinquiry.virginia.edu/.

The Forum faculty and participants identified several instruments and models that are available to understand where an organization is along the diversity spectrum.

Table VI – Resources for Multicultural Assessment

MULTICULTURAL AUDIT RESOURCES
▶▶ The Spiral Dynamics model. This model has seven stages, each of which is created from lessons learned in the previous stage, problems created by previous stage solutions, and new realities. MDACC has worked extensively on adapting this approach for assessing the organizational cultural climate, and its changes with various interventions to move on organization from an individualistic "me" culture to a more inclusive "we" culture. (Beck, D, Cowan C. *Spiral Dynamics: Mastering Values, Leadership and Change.* UK. Blackwell Publishing, 1996)
▶▶ HRSA/USDHSS funded the Lewin Group to develop indicators of cultural competence in health care delivery organizations to produce an organizational cultural competence profile. The profile components include: organizational values, governance, planning and monitoring/evaluation, communication, staff development, organizational infrastructure, and services/interventions. Additional resources related to the Lewin research include: http://www.hrsa.gov/culturalcompetence/indicators/ http://www.hrsa.gov/culturalcompetence/measures/ http://www.culturallycompetentmentalhealthnj.org/docs/2006-12-training/CC-LewinReport.pdf
▶▶ California Endowment –Mayeno LY. Multicultural Organizational Development: A Resource for Health Equity. California Endowment - Exploring Organizational Development & Capacity in Cultural Competence: Building Knowledge and Practice Series Monograph Series, Part 1, July, 2007. http://www.calendow.org/Collection_Publications.aspx?coll_id=46&ItemID=322

▶▶ Williams, Mark A*. The 10 Lenses: Your Guide to Living and Working in a Multicultural World*. Sterling, VA: Capital Books, Inc. 2001.
    o 10 typical lenses through which people see the world;
    o four organizational types (intolerant → tolerant → valuing → inclusive) and how the 10 lenses act in each (p.183-187);
    o human resources management systems typical under each lens (p.211-214);
    o an 11th lens ("One song, many voices") (p.172-181).

▶▶ Bensimon, Estala Mara. The diversity scorecard: A learning approach to institutional change. <u>Change</u>. Jan/Feb 2004: 45-52.
    o scorecard initiative experience of 14 California higher education institutions;
    o framework of four dimensions (access, retention, institutional receptivity, and excellence).

▶▶ *Dismantling Racism Resource Book: For Organizations Striving to Become Multi-Cultural Anti-Racist Organizations*. Western States Center, 1705 Wallace Street, Durham, NC, 919-490-4448 – pp. 42-52
    o details four organizational types (all White club → token or affirmative action organization → multi-cultural organization → anti-racist organization)
    o details how each organizational type will deal with: power and pay; location; members; decision-making; budget; money source; to whom accountable; culture; programs, etc.

Catalyst.org has developed a business case for building a diverse inclusive workforce, and has several short manuals outlining suggested approaches and strategies (Table VII).

Table VII – Suggested Approaches and Strategies

Catalyst.org			
Title	**Source**	**Month of Pub**	**Year of Pub**
Buying Power	Quick Takes	May	2008
LGBT Inclusion: Implementing Policies, Programs and Practices	Making Change	October	2007
LGBT Inclusion – Understanding the Challenges by David Megathlin	Making Change	May	2007
Creating a Business-Aligned Diversity Scorecard	Making Change	January	2005
Georgia-Pacific Corporation – Bridging Cultures, Leveraging Differences	D&I Practices	January	2005
The Bottom Line: Connecting Corporate Performance and Gender Diversity	Research Reports	January	2004
Becoming A Diversity Champion	Making Change	January	2002
Creating a Business Case for Diversity	Making Change	January	2002
Developing a Diversity Recruitment Strategy	Making Change	January	2002
Moving Women of Color Up the Ladder	Making Change	January	2002
Tackling Resistance to Diversity Efforts	Making Change	January	2002
Tapping Women for Global Assignments	Making Change	January	2002
Using Metrics to Support Workplace Diversity	Making Change	January	2002
Advancing Women in Law Firms	Making Change	January	2001
Assessing Your Work Environment	Making Change	January	2001

SUMMARY CONSIDERATIONS
The Forum faculty left the group to consider these on-going challenges to achieving cultural competency.

>> How do we generate interest, deal with resistance and inertia, and support the desire to become more culturally competent? And remember that cultural competency includes more than ethnicity – it also includes disability, sexual orientation, and other differences that may be visibly "hidden."

>> How do we measure "cultural competence" and "cultural humility"?

>> How do we evaluate the effectiveness of clinical cultural competency educational programs?

>> How do we deal with "hot button" and "cold button" issues, and prevent "burnout"?

>> How do we partner with communities in developing, implementing, and assessing the impact of cultural competency training?

>> How do we provide high quality cultural competency training within a budget?

>> How can you effectively measure/make the business case for becoming more culturally competent?

>> How do we identify and reward groups/ leaders who would champion change?

>> How do we find or take advantage of opportunities, and/ overcome the discomfort to start the conversation around culture?

>> How do we maintain the energy and commitment to engage in transformational activities?

Final Thoughts from ELAM participants on Institutionalization Steps to Becoming Culturally Competent Organizations

Daily Actions

•Remember that opposition and challenges are regular occurence

Top Driven - Core Value (UAB)

•Check for equity and diversity
•Provide half-day diversity training in orientation for everyone
•Educate and change Search Committees. Have deans sign off on every search committee member
•Bring community members on as members

Education

•Explore student's perspective
•Develop a pipeline – go back to high school, health science academy at schools of medicine, consider AAMC. Recognize that training more MDs will not fix color disparities; need to increase diversity of other health care professionals
•Aspiring Doctors Program – hypothesis driven projects (AAMC)
•Make cultural competency part of the curriculum and patient-clinician relationship

Community

•Centralized multicultural (Medical, Educational, Research, Clinical) staff
•Remember grape vine is its own community. African Americans in silos, need to break down.
•Diversity is better solution especially in ambulatory, chronic continuity of care, nursing patient relationship-UMDNJ)
•Build trust with community we serve (pay attention to social determinants of health e.g. class geography)

Staffing/Recruitment

•Avoid exploiting minority faculty (results in racial fatigue. For example, University of Alabama limits minority from serving on more than two search committees per year.)
•Focus on social class differences when recruiting
•Focus on raising awareness among current staff who would improve recruitment

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Appendices

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Deans & Designees

Karen Antman *   Boston University School of Medicine

Edward Benz *   Harvard Medical School Dana-Farber Cancer Institute

David Bjorkman * #   University of Utah School of Medicine

John Daly *   Temple University School of Medicine

Peter Densen #   University of Iowa Roy J. and Lucille A. Carver College of Medicine

Thomas Deutsch *   Rush Medical College of Rush University

Cam Enarson * #   Creighton University School of Medicine

Howard Federoff * #   Georgetown University School of Medicine

Joseph Flaherty * #   University of Illinois at Chicago College of Medicine

Steven Gabbe * #   Vanderbilt University School of Medicine

Antonio Gotto *   Cornell University Weill Cornell Medical College

William Green *   Dartmouth Medical School

Jeffrey Griffith   University of New Mexico School of Medicine

Margaret Gyetko #   University of Michigan Medical School

Marc Hahn *   University of North Texas Health Science Center

Edward Halperin *   University of Louisvelle School of Medicine

William Henrich *   University of Texas Medical School at San Antonio

Carol Herbert *   University of Western Ontario Schulich School of Medicine and Dentistry

Richard Homan * #   Drexel University College of Medicine

Sharon Hostler * #   University of Virginia School of Medicine

Keith Joiner * #   University of Arizona College of Medicine Arizona Health Sciences Center

Richard Krugman * *FORUM Co-sponsor*   University of Colorado Denver School of Medicine

Denotes Dean
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Claire Pomeroy * #   University of California, Davis School of Medicine

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Jerome Strauss *   Virginia Commonwealth University   School of Medicine

Ann Thompson #   University of Pittsburgh School of Medicine

Sharon Turner * #   University of Kentucky College of Dentistry

Sharon Weiss #   Emory University School of Medicine

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Invited Guests

Ralph Altiere *FORUM Co-sponsor*   University of Colorado Denver School of Pharmacy

David Bachrach +   The Physician Executive's Coach, Inc.

Sue Duckles *FORUM Co-sponsor*   University of California, Irvine

Clyde Evans +   Institute for Health Protection

Denise Kassebaum # *FORUM Co-sponsor*   University of Colorado Denver School of Dental Medicine

Judith Katz +   Executive coach and consultant

Ferne Kuhn +   The Kuhn Consulting Group

Kathryn Larson   *FORUM Co-sponsor*   University of California, Irvine

Diane Magrane   Association of American Medical Colleges

Maureen McVail #   Drexel University College of Medicine

Patricia Moritz *FORUM Co-sponsor*   University of Colorado Denver School of Nursing

Robert Rich #   University of Alabama at Birmingham School of Medicine

Sally Rosen +   Temple University

Patreece Thompson +   Treece Consulting, LLC

Elizabeth Travis #   University of Texas M.D. Anderson Cancer Center

Richard Valachovic   American Dental Education Association

Roy Wilson *FORUM Co-sponsor*   University of Colorado Denver School of Medicine

Lynn Yeakel #   Drexel University College of Medicine

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Fellows

Lucile Adams-Campbell	Howard University College of Medicine
Shari Barkin	Vanderbilt University School of Medicine
Miriam Bar-on	University of Nevada School of Medicine
Cynthia Beeman	University of Kentucky College of Dentistry
Emelia Benjamin	Boston University School of Medicine
Vera Bittner	University of Alabama at Birmingham School of Medicine
Jan Busby-Whitehead	University of North Carolina Chapel Hill School of Medicine
Carrie Byington	University of Utah School of Medicine
Diana Cardenas	University of Miami Leonard M. Miller School of Medicine
Baretta Casey	University of Kentucky College of Medicine
Archana Chatterjee	Creighton University School of Medicine
E. Dale Collins	Dartmouth Medical School
Ellen Cosgrove	University of New Mexico School of Medicine
Mary Anne Delaney	Drexel University College of Medicine
Elizabeth Drum	Temple University School of Medicine
Barbara Ducatman	West Virginia University School of Medicine
Karen Emmons	Harvard School of Public Health
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Lynn Gordon	University of California David Geffen School of Medicine at UCLA
Bonnie Green	Georgetown University School of Medicine
Janice Herbert-Carter	Morehouse School of Medicine
Sheryl Heron	Emory University School of Medicine
Sharon Hull	Northeastern Ohio Universities College of Medicine

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Veronnie Jones	University of Louisville School of Medicine
Janice Knebl	University of North Texas Health Science Center Texas College of Osteopathic Medicine
Leslie Kohman	SUNY Upstate Medical University College of Medicine
Jean Kutner	University of Colorado Denver School of Medicine
Katherine Liu	Rush Medical College of Rush University
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Note: Institutions listed are as of April 2008.

The 2008 ELAM Forum on Emerging Issues
Bibliography

Websites

- Project Implicit® website: https://implicit.harvard.edu/implicit
- DHHS Office of Minority Health: National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care website: http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15

Required Reading

- Association of American Medical Colleges. Cultural Competence Education. http://www.aamc.org/meded/tacct/culturalcomped.pdf
- Beach MC, Saha S, and Cooper LA. The Role and Relationship of Cultural Competence and Patient-Centeredness in Health Care Quality. Commonwealth Fund, October 2006. (Provide theoretical model in advance) http://www.cmwf.org/publications/publications_show.htm?doc_id=413721
- Blendon RJ, Buhr T, et al. Disparities in Health: Perspectives of a Multi-Ethnic, Multi-Racial America. Health Affairs 2007; 26(5)1437-1447.
- Graves DL, Like RC, Kelly N, Hohensee A. Legislation as Intervention: A Survey of Cultural Competence Policy in Health Care. Journal of Health Care Law and Policy 2007; 10(2):339-361.
- Jones CP. Levels of Racism: A Theoretical Framework and a Gardener's Tale. American Journal of Public Health 2000; 90; 1212-1215. http://www.cahealthadvocates.org/_docs/newsletter/2005/Levels-Of-Racism.pdf
- Mayeno LY. Multicultural Organizational Development: A Resource for Health Equity. California Endowment - Exploring Organizational Development & Capacity in Cultural Competence: Building Knowledge and Practice Series Monograph Series, Part 1, July, 2007 http://www.calendow.org/Collection_Publications.aspx?coll_id=46&ItemID=322
- Q & A Interview on Cultural Competence. In MD Net Guide. Focus on Multicultural Healthcare – A Failure to Communicate. Volume 3, No. 4, 12.07 www.mdng.com
- White AA, III, Hoffman HL. Culturally Competent Care Education: Overview and Perspectives. Journal of the American Academy of Orthopaedic Surgeons 2007; Vol 15, No suppl_1, September 2007, S80-S85. http://www.jaaos.org/cgi/content/full/15/suppl_1/S80

Recommended Reading

- AAMC: Focus on Affirmative Action. Web site includes links to information about AAMC Amicus Brief supporting University of Michigan's use of race and ethnicity as one factor in its admissions policy to promote diversity. http://www.aamc.org/diversity/focuson.htm
- Croasdale, Myrle. California medical schools tailor programs for diverse populations. *American Medical News*, January 14, 2008. http://www.ama-assn.org/amednews/2008/01/14/prsc0114.htm
- Croasdale, Myrle. Med schools adjusting to millennial students. *American Medical News*, January 14, 2008.
- Fang D, Moy E, Colburn L, Hurley, J. "Racial and Ethnic Disparities in Faculty Promotion in Academic Medicine." *Journal of the American Medical Association, Vol. 284, No. 9, Sept 6, 2000.*
- Gamble, V.N. "Subcutaneous Scars." *Health Affairs*: Jan 2000, Vol. 19, No. 1.
- Howell, Lydia P., Service, Gregg and Bonham, Ann. "Multigenerational Challenges in Academic Medicine: UCDavis's Responses." *Academic Medicine*, 80:6, June 2005.

- McRae, Mary. "How Do I Talk to You, My White Sister?" CGO Commentaries, No. 2. Center for Gender in Organizations, Simmons School of Management.
  http://www.simmons.edu/som/cgo/commentaries_2.pdf
- Mead H, Cartwright-Smith L, Jones K, Ramos C, Woods K and Siegel B. Racial and Ethnic Disparities in U.S. Health Care: A Chartbook.
  http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=672908
- *Missing Persons: Minorities in the Health Professions*. Sullivan Commission Report 2003.
  http://admissions.duhs.duke.edu/sullivancommission/documents/Sullivan_Final_Report_000.pdf
- NCQA CLAS Toolkit - Multicultural Health Care: A Quality Improvement Guide.
  http://www.ncqa.org/tabid/676/Default.aspx
- Raines, Claire. "Managing Millennials." http://www.generationsatwork.com/articles/millenials.htm
- Smith WR, Betancourt JR, et al. Recommendations for Teaching about Racial and Ethnic Disparities in Health and Health Care. Annals of Internal Medicine 2007; 147(9): 654-665.

Videos (shown during the Forum)

- Hold Your Breath by Maren Grainger-Monsen, MD and Julia Haslett (www.fanlight.com)
- Through the Patient's Eyes, Volume I, Hospital Care. The Picker Institute, 1998
  http://www.pickerinstitute.org
- Working Together to End Racial and Ethnic Disparities: One Physician at a Time. Educational DVD Program produced by the American Medical Association
  www.ama-assn.org/go/healthdisparities
- Worlds Apart: A Four-Part Series on Cross-Cultural Healthcare "Robert Phillips Story" Maren Grainger-Monsen, MD and Julia Haslett, Stanford University, Center for Biomedical Ethics. Fanlight Productions http://www.fanlight.com/catalog/films/912_wa.php

The 2008 ELAM Forum on Emerging Issues
Culturally Competent Health Care: Selected References

The following list of references was compiled by **Robert C. Like, MD, MS**, Center for Healthy Families and Cultural Diversity, Department of Family Medicine, UMDNJ-Robert Wood Johnson Medical School.

Email: Like@umdnj.edu
Website: http://www2.umdnj.edu/fmedweb/chfcd/index.htm

Medical Education -- General

- Transforming the Face of Health Professions Through Cultural & Linguistic Competence Education: The Role of the HRSA Centers of Excellence
http://www.hrsa.gov/culturalcompetence/curriculumguide

- Academic Medicine. Special Theme Issue on Cultural Competence (12 articles) 2003; 78(6), 2003.

- Achieving Diversity in Dentistry and Medicine http://www.amsa.org/addm/index.cfm#eth

- Accreditation Council for Graduate Medical Education. ACGME Outcome Project
http://www.acgme.org/Outcome

- Alexander M. "Cinemeducation: An Innovative Approach to Teaching Multi-Cultural Diversity in Medicine," Annals of Behavioral Science and Medical Education 1995; 2(1):23-28.

- Anderson LM, Scrimshaw SC, Fullilove MT, Fielding JE, Normand J. "Culturally Competent Healthcare Systems. A Systematic Review," American Journal of Preventive Medicine 2003; 24(3 Suppl):68-79.

- Association of American Medical Colleges. "Teaching and Learning of Cultural Competence in Medical School," Contemporary Issues in Medical Education 1(5), 1998.

- Association of American Medical Colleges. Tool for Assessing Cultural Competence Training (TACCT) http://www.aamc.org/meded/tacct/start.htm

- Association of American Medical Colleges. Cultural Competence Education.
http://www.aamc.org/meded/tacct/culturalcomped.pdf

- Azad N, Power B, Dollin J, Chery S. "Cultural Sensitivity Training in Canadian Medical Schools," Academic Medicine 2002; 77(3):222-228.

- Beach MC, Rosner M, Cooper LA, Duggan PS, Shatzer J. Can Patient-Centered Attitudes Reduce Racial and Ethnic Disparities in Care? Academic Medicine 2007; 82(2):193-198.

- Beach MC, Price EG, Gary TL, Robinson KA, Gozu A, Palacio A,; Smarth C, Jenckes M, Feuerstein C, Bass EB, Powe NR, and; Cooper LA. "Cultural Competence: A Systematic Review of Health Care Provider Educational Interventions," <u>Medical Care</u> 2005; 43(4):356-373.

- Beagan BL. "Teaching Social and Cultural Awareness to Medical Students: 'It's All Very Nice to Talk about It in Theory, But Ultimately It Makes No Difference.'" <u>Academic Medicine</u> 2003; 78(6):605-614.

- Betancourt JR. "Cross-Cultural Medical Education: Conceptual Approaches and Frameworks for Evaluation," <u>Academic Medicine</u> 2003; 78(6):560-569.

- Betancourt JR. "Cultural Competence and Medical Education: Many Names, Many Perspectives, One Goal," <u>Academic Medicine</u> 2006; 81:499-510.

- Betancourt JR, Like RC, Gottlieb BR, eds. "Caring for Diverse Populations: Breaking Down Barriers," Special Issue of <u>Patient Care: The Practical Journal for Primary Care Physicians</u>, 2000; 34(9), May 15, 2000 (www.patientcareonline.com).

- Bischoff A. Caring for Migrant and Minority Patients in European Hospitals: A Review of Effective Interventions. Swiss Forum for Migration and Population Studies 43, Neuchâtel and Basel, Switzerland, 2006 (http://www.mfh-eu.net/public/files/mfh_literature_review.pdf).

- Blenning CE. Cultural issues skill development [letter to the editor]. <u>Family Medicine</u> 2004; 36(7):462.

- Bussey-Jones J, Genao I, St. George DM, Corbie-Smith, G. Knowledge of Cross-Cultural Issues Among Third Year Medical Students. JNMA. 2005; 97: 1272-1276.

- Chin MH, Humikowski CA. "When is Risk Stratification by Race or Ethnicity Justified in Medical Care?" <u>Academic Medicine</u> 2002; 77(3):202-208.

- Crampton P, Dowell A, Parkin C, Thompson C. "Combating Effects of Racism Through a Cultural Immersion Medical Education Program," <u>Academic Medicine</u> 2003; 78(6):595-598.

- Crandall SJ, George G, Marion GS, Davis S. "Applying Theory to the Design of Cultural Competency Training for Medical Students: A Case Study," <u>Academic Medicine</u> 2003; 78(6):588-594.

- Crosson J, Deng W, Brazeau C, Boyd L, Soto-Greene M. Evaluating the effect of cultural competency training on medical student attitudes," <u>Family Medicine</u> 2004;36(3):199-203.

- Crosson J, Deng W, Brazeau C, Boyd L, Soto-Greene M. Authors Respond to "Cultural Issues Skill Development Letter," <u>Family Medicine</u> 2004; 36(9):615

- <u>Cultural Competency in Medical Education: A Guidebook for Schools</u>. HRSA, September 2004 http://www.ask.hrsa.gov/downloads/CulturalCompBHP00208.pdf

- Das Gupta S, Meyer D, Calero-Breckheimer A, Costley AW, Guillen S, Dominicana A. Teaching Cultural Competency Through Narrative Medicine: Intersections of Classroom and Community. Teaching and Learning in Medicine 2006; 18:14-17.

- Dolhun EP. "Cross-Cultural Education in U.S. Medical Schools: Development of an Assessment Tool," Academic Medicine 2003; 78(6):615-622.

- Donini-Lenhoff FG, Hedrick HL. "Increasing Awareness and Implementation of Cultural Competence Principles in Health Professions Education," Journal of Allied Health 2000; 29(4):241-245.

- Drouin J, Jean P. "Educating Future Physicians for a Minority Population: A French-Language Stream at the University of Ottawa," Academic Medicine 2002; 77(3):217-221.

- Drouin J, Rivet C. "Training Medical Students to Communicate with a Linguistic Minority Group," Academic Medicine 2003; 78(6):599-604.

- Eiser AR, Ellis G. Cultural Competence and the African American Experience with Health Care: The Case for Specific Content in Cross-Cultural Education. 2007; 82(2):176-183.

- Epstein L, ed. "Culturally Appropriate Health Care by Culturally Competent Health Professionals," 2007. http://www.israelhpr.org.il/FileServer/daf11be9ddbcd17dfea47b5583fd61f2.pdf

- Ferguson WJ, Keller DM, Haley HL, Quirk M. "Developing Culturally Competent Community Faculty: A Model Program," Academic Medicine 2003; 78:1221-1228.

- Flores G, Gee D, Kastner B. "The Teaching of Cultural Issues in U.S and Canadian Medical Schools," Academic Medicine 2000; 75(5):451-455.

- Fuller K. "Eradicating Essentialism from Cultural Competency Education," Academic Medicine 2002; 77(3):198-201.

- Gilbert J: "Cultures in the Clinic Project." Three excellent California Endowment-funded publications can be downloaded from the following website: http://www.calendow.org/Collection_Publications.aspx?coll_id=26&ItemID=316

    - Principles and Recommended Standards for Cultural Competence Education of Health Care Professionals, 2003

    - A Manager's Guide to Cultural Competence Education for Health Care Professionals, 2003

    - Resources in Cultural Competence Education for Health Care Professionals, 2003

- Godkin MA, Savagneau JA. The Effect of a Global Multiculturalism Track on Cultural Competence of Preclinical Medical Students," Family Medicine 2001; 33(3):178-186.

- Goldman RE, Monroe AD, Dube CE. "Cultural Self-Awareness: A Component of Culturally Responsive Patient Care," <u>Annals of Behavioral Science and Medical Education</u> 1996; 3(1):37-46.

- Gonzalez-Lee T, Simon HJ. "Teaching Spanish and Cross-Cultural Sensitivity to Medical Students. <u>Western Journal of Medicine</u> 1987; 146(4):502-504.

- Green AR, Betancourt JR, Carrillo JE. Integrating Social Factors in Cross-Cultural Medical Education. <u>Academic Medicine</u> 2002; 77(3):193-197.

- Gregg Jessica, Saha, S. "Losing Culture on the Way to Competence: The Use and Misuse of Culture in Medical Education," <u>Academic Medicine</u> 2006; 81:542-547.

- Hedrick H, ed. <u>Cultural Competence Compendium</u>, Chicago: American Medical Association, 1999.

- Helman CG: <u>Culture, Health and Illness</u>, Fifth Edition. Philadelphia: Trans-Atlantic Publications, 2007.

- Kagawa-Singer M, Kassim-Lakha S. "A Strategy to Reduce Cross-cultural Miscommunication and Increase the Likelihood of Improving Health Outcomes," <u>Academic Medicine</u> 2003; 78(6):577-587.

- Kai J, Spencer J, Wilkes M, Gill P. "Learning to Value Ethnic Diversity – What, Why and How?" <u>Medical Education</u> 1999; 33(8):616-623.

- Koehn PH, Swick HM. "Medical Education for a Changing World: Moving Beyond Cultural Competence into Transnational Competence," <u>Academic Medicine</u> 2006; 81:548-556.

- Langer N. "Culturally Competent Professionals in Therapeutic Alliances Enhance Patient Compliance," <u>Journal of Health Care for the Poor and Underserved</u> 1999; 10(1):19-26.

- Lie D, Boker J, Cleveland, E. "Using the Tool for Assessing Cultural Competence Training (TACCT) to Measure Faculty and Medical Student Perceptions of Cultural Competence Instruction in the First Three Years of the Curriculum," <u>Academic Medicine</u> 2006; 81:557-564.

- Like RC, Barrett TJ, Moon J. "Educating Physicians to Provide Culturally Competent, Patient-Centered Care," <u>Perspectives: A View of Family Medicine in New Jersey</u> 2008; 7(2):10-20.

- Loudon RF, Anderson PM, Gill PS, Greenfield SM. "Educating Medical Students for Work in Culturally Diverse Societies," <u>Journal of the American Medical Association</u> 1999; 282(9):875-880.

- Lum CK, Korenman SG. "Cultural Sensitivity Training in US Medical Schools," <u>Academic Medicine</u> 1994; 69(3):239-241.

- McCullough-Zander K, ed. Caring Across Cultures: The Provider's Guide to Cross-Cultural Health, Second Edition, The Center for Cross-Cultural Health, Minneapolis, MN, 2000 www.crosshealth.com.

- Murray-Garcia JL, Garcia JA. The Institutional Context of Multicultural Education: What is *Your* Institutional Curriculum? Academic Medicine 2008; 83(7):646-652.

- Mutha S, Allen C, Welch M. Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies, San Francisco, CA: Center for the Health Professions, University of California, San Francisco, 2002.

- Nora LM, Daugherty SR, Mattis-Peterson A, Stevenson L, Goodman LJ. "Improving cross-cultural skills of medical students through medical school-community partnerships," Western Journal of Medicine 1994; 161(2):144-147.

- Nunez AE. "Transforming Cultural Competence into Cross-Cultural Efficacy in Women's Health Education," Academic Medicine 2000; 75:1071l-1080.

- Price EG, Beach MC, Gary TL, Robinson KA, Gozu A, Palacio A, Smarth C, Jenckes M, Feuerstein C, Bass EB, Powe NR, and Cooper LA. "A Systematic Review of the Methodological Rigor of Studies Evaluating Cultural Competence Training of Health Professionals," Academic Medicine 2005; 80:578-586.

- Ring JM, Nyquist JG, Mitchell S. Curriculum for Culturally Responsive Health Care: The Step-By-Step Guide for Cultural Competence Training. Oxford/New York: Radcliffe Publishing, 2008. http://www.radcliffe-oxford.com/books/bookdetail.aspx?ISBN=1846192943

- Robins LS, Alexander GL, Wolf FM, Fantone JC, Davis WK. "Development and evaluation of an instrument to assess medical students' cultural attitudes," Journal of the American Medical Women's Association 1998; 53 (3 Suppl.):124-129.

- Robins LS, White GL, Gruppen LD, Grum CM. "Assessing Medical Students' Awareness of and Sensitivity to Diverse Health Beliefs Using a Standardized Patient Station," Academic Medicine 2001; 76(1):76-80.

- Salimbene S. What Language Does Your Patient Hurt in? A Practical Guide to Culturally Competent Patient Care. Amherst, Mass: Diversity Resources; 2005.

- Satcher D, Pamies RJ, eds. Multicultural Medicine and Health Disparities. New York: McGraw Hill, 2006.

- Smith WR, Betancourt JR, Wynia MK; Bussey-Jones J, Stone VE, Phillips CO, Fernandez A, Jacobs E, and Bowles J. Recommendations for Teaching about Racial and Ethnic Disparities in Health and Health Care. Annals of Internal Medicine 2007; 147(9):654-665.

- South-Paul J, Like RC. "Cultural Competence for the Health Workforce," in Holmes DE ed, From Education to Regulation: Dynamic Challenges for the Health Workforce, Association of Academic Health Centers, Washington, DC, 2008, pages 123-152.

- Tang TS, Bozynski EA, Mitchell JM, Haftel HM, Vanston SA, Anderson RM. "Are Residents More Comfortable Than Faculty Members When Addressing Sociocultural Diversity in Medicine?" <u>Academic Medicine</u> 2003; 78(6):629-633.

- Taylor JS. "Confronting 'Culture' in Medicine's 'Culture of No Culture,'" <u>Academic Medicine</u> 2003; 78(6):555-559.

- Tervalon M. "Components of Culture in Health for Medical Students' Education," <u>Academic Medicine</u> 2003; 78(6):570-576.

- Tervalon M, Murray-Garcia J: "Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education," <u>Journal of Health Care for the Poor and Underserved</u> 1998; 9(2):117-124.

- Thom DH, Tirado MD. Development and validation of a patient-reported measure of physician cultural competency. <u>Med Care Res Rev</u> 2006; 63(5):636-655.

- Thom DH, Tirado MD, Woon TL, McBride M. Development and evaluation of a cultural competency training curriculum. <u>BMC Medical Education</u>, Vol 6 (26 July 2006), 38 26872504

- Turbes S, Krebs E, Axtell S. "The Hidden Curriculum in Multicultural Medical Education: The Role of Case Examples," <u>Academic Medicine</u> 2002; 77(3):209-216/.

- Wachtler C, Troein M. "Mapping Cultural Competency," <u>Medical Education</u> 2003; 37(10):861-868.

- Wear D. Insurgent Multiculturalism: Rethinking How and Why We Teach Culture in Medical Education," <u>Academic Medicine</u> 2003; 78(6):549-554.

- Weissman JS, Betancourt JR, Campbell EG, Park ER, Kim M, Clarridge B, Blumenthal D, Lee KC, Maina AW, "Resident Physicians' Preparedness to Provide Cross-Cultural Care," <u>JAMA</u> 2005; 294:1058-1067.

- Wright SM, Carrese JA. "Serving as a Physician Role Model for a Diverse Population of Medical Learners," <u>Academic Medicine</u> 2003; 78(6):623-628.

- Zweifler J, Gonzalez AM. "Teaching Residents to Care for Culturally Diverse Populations," <u>Academic Medicine</u> 1998; 73(10):1056-1061.

Family Medicine/General Practice

- Berlin E, Fowkes W. "A Teaching Framework for Cross-Cultural Health Care," <u>Western Journal of Medicine</u> 1983; 139:934-938.

- Borkan JM, Neher JO. "A Developmental Model of Ethnosensitivity in Family Practice Training," Family Medicine 1991; 23(3):212-217.

- Culhane-Pera KA, Like RC, Lebensohn-Chialvo P, Loewe R. "Multicultural Curricula in Family Practice Residencies," Family Medicine 2000; 32(3):167-173.

- Culhane-Pera KA, Reif C, Egli E, Baker NJ, Kassekert R. "A Curriculum for Multicultural Education in Family Medicine," Family Medicine 1997; 29(10):719-723.

- Juarez, JA, Marvel K, Brezinski KL, Glazner C, Towbin MM, Lawton L "Bridging the Gap: A Curriculum to Teach Residents Cultural Humility," Family Medicine 2006; 38(2):97-102.

- Juckett G. "Cross-Cultural Medicine." American Family Physician 2005;72:2267-2274.

- Kai J, ed. Ethnicity, Health, and Primary Care, Oxford: Oxford University Press, 2003.

- Kobylarz FA. "A Spanish Language Version of the ETHNICS Mnemonic: A Clinical Tool for Health Care Professionals," Caring for Hispanic Patients 2005; 2:21-24.

- Kristal L, Pennock P, Foote S, Trygstad C. "Cross-Cultural Family Medicine Residency Training," Journal of Family Practice 1993; 17:683-687.

- Like RC. Editorial. Culturally Competent Family Medicine: Transforming Clinical Practice and Ourselves. American Family Physician 2005; 72:2189-2190

- Like RC, Steiner RP, Rubel AJ. "Recommended Core Curriculum Guidelines on Culturally Sensitive and Competent Health Care," Family Medicine 1996; 28:291-297 http://www.stfm.org/corep.html.

- Shapiro J, Lenahan P. "Family Medicine in a Culturally Diverse World: A Solution-Oriented Approach to Common Cross-Cultural Problems in Medical Encounters," Family Medicine 1996; 28(4):249-255.

- Shapiro J, Hollingshead J, Morrison EH. Primary Care Resident, Faculty, and Patient Views of Barriers to Cultural Competence, and the Skills Needed to Overcome Them," Medical Education 2002; 36:749-759.

Pediatrics
- American Academy of Pediatrics. Committee on Pediatric Workforce. "Culturally Effective Pediatric Care: Education and Training Issues." Pediatrics 1999; 103(1):167-170.

- American Academy of Pediatrics; Committee on Pediatric Workforce. "Ensuring Culturally Effective Pediatric Care: Implications for Education and Health Policy. Pediatrics." 2004; 114 (6):1677-1685.

- Davis BJ, Voegtle KH. Culturally Competent Health Care for Adolescents: A Guide for Primary Care Health Providers. Chicago, IL: American Medical Association, 1994.

- Flores G. "Culture and the Patient-Physician Relationship: Achieving Cultural Competency in Health Care." Journal of Pediatrics 2000; 136(1):14-23.

- Flores G, et al. "The Importance of Language and Culture in Pediatric Care: Case Studies from the Latino Community." Journal of Pediatrics 2000; 137(6):842-8.

- Pachter LM. "Cultural Issues in Pediatric Care." In Nelson WE, senior ed; Behrman RE, Kinegman RM, Arvin AM, eds. Nelson Textbook of Pediatrics. 15th ed. Philadelphia, PA: WB Saunders Co; 1996.

- Randall-David E. Strategies for Working with Culturally Diverse Communities and Clients. Washington, DC: Association for the Care of Children's Health, 1989.

- Rezet B, et al. "Competency in Community Pediatrics: Consensus Statement of the Dyson Initiative Curriculum Committee." Pediatrics 2005; 115:1172-1183.

- Taylor, L, Willies-Jacobo L "The Culturally Competent Pediatrician: Respecting Ethnicity in Your Practice. Contemporary Pediatrics 2003(June); 20:83-105ff.

- Zúñiga ML, Sidelinger DE, Blaschke GS, Silva FA, Broyles SL, Nader PR, and Reznik V. Evaluation of Residency Training in the Delivery of Culturally Effective Care. Medical Education 2006; 40:1192-1200.

Internal Medicine
- Bigby JA, ed. Cross-Cultural Medicine. Philadelphia: American College of Physicians-American Society of Internal Medicine, 2003.

- Bobo L, Womeodu RJ, Knox ALJr. "Principles of intercultural medicine in an internal medicine program," American Journal of Medical Science 1991; 302(4):244-248.

- Carrillo JE, Green AR, Betancourt JR. "Cross-Cultural Primary Care: A Patient-Based Approach," Annals of Internal Medicine 1999; 130:829-834.

- Kleinman A, Eisenberg L, Good B. "Culture, Illness, and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research," Annals of Internal Medicine 1978; 88:251-258.

Geriatrics
- Achieving Diversity in Dentistry and Medicine (ADDM), Ethnogeriatric Curricular Guidelines for Medical and Dental Schools, American Medical Student Association Foundation, November 2005 http://www.amsafoundation.org/pdf/EthnogeriatricCurriculum.pdf

- Cultural Competency for Health Professionals in Geriatric Care. Western Reserve Geriatric Education Center http://www.nethealthinc.com/cultural/index.asp

- Ethnogeriatrics. Developed by Fred Kobylarz, MD, MPH, Florida State University College of Medicine -- http://med.fsu.edu/geriatrics/ethnogeriatric. Available also at the Portal of Geriatric Online Education (POGOe) -- http://www.pogoe.org/px/login.cfm

- Kagawa-Singer M, Blackhall LJ. "Negotiating Cross-Cultural Issues at the End of Life. 'You've Got to Go Where He Lives,'" Journal of the American Medical Association 2001; 286:2993-3001.

- Kobylarz FA, Heath JM, Like RC: "The ETHNIC(S) Mnemonic: A Clinical Tool for Ethnogeriatric Education," Journal of the American Geriatrics Society 2002; 50:1582-1589.

- Xakellis G, Brangman S, Hinton WL, et. al., Curricular Framework: Core Competencies in Multicultural Geriatric Care. Journal of the American Geriatrics Society 2004; 52:137- 142.

- Yeo G et al. Core Curriculum in Ethnogeriatrics. Developed by the Members of the Collaborative on Ethnogeriatric Education, Supported by the Bureau of Health Professions, Health Resources and Services Administration, USDHHS, October 2001 http://www.stanford.edu/group/ethnoger/index.html

Obstetrics and Gynecology
- ACOG Committee Opinion. "Cultural Competency in Health Care." No. 201, March 1998. Committee on Health Care for Underserved Women. American College of Obstetricians and Gynecologists. International Journal of Gynaecology and Obstetrics, 1998 Jul, 62(1):96-99.

Psychiatry/Psychology Health/Social Work
- Garza-Trevino ES, Ruis P, Venegas-Samuels K. "A Psychiatric Curriculum Directed to the Care of the Hispanic Patient," Academic Psychiatry 1997; 21(1):1-10.

- Lu FH, Lim RF, Mezzich JE. "Issues in the Assessment and Diagnosis of Culturally Diverse Individuals," in Review of Psychiatry (Vol. 14), eds. JM Oldham and MB Riba, eds., London, England: American Psychiatric Press, 1995, pp. 477-510.

- Lu FG. "Cultural Competence and Diversity: An Update for Psychiatric Educators," AADPRT, Winter, 1996.

- McGoldrick M, Pearce JK, Giordano J. Ethnicity and Family Therapy, 2nd Edition, New York: Guilford Press, 1996.

- National Maternal and Child Health Resource Center on Cultural Competency. Cultural Diversity Curriculum Set for Social Workers and Health Practitioners, Austin, Tex: University of Texas, 1998.

- Paniagua FA. Assessing and Treating Culturally Diverse Clients: A Practical Guide. Thousand Oaks, CA: Sage Publications, 1994.

- Pinderhughes EB. Understanding Ethnicity, Race, and Power: The Key to Efficacy in Clinical Practice. New York: The Free Press, 1989.

- Spielvogel AM et al. "A Psychiatric Residency Curriculum About Gender and Women's Issues," <u>Academic Psychiatry</u> 1995; 19:187-201.

- Stein TS. "A Curriculum for Learning in Psychiatric Residencies About Homosexuality, Gay Men, and Lesbians," <u>Academic Psychiatry</u> 1994; 18:59-70.

- Sue DW, Sue D. <u>Counseling the Culturally Diverse: Theory and Practice</u>, 4th edition, New York: John Wiley & Sons, 2003.

- Thompson JW. "A Curriculum for Learning About American Indians and Alaska Natives in Psychiatric Residency Training," <u>Academic Psychiatry</u> 1996; 20:5-14.

Nursing
- Advances in Contemporary Transcultural Nursing (2nd ed); Volume 28 Issue 1-2, 2008 http://www.contemporarynurse.com/archives/vol/28/issue/1-2/advances-in-contemporary-transcultural-nursing

- Campinha-Bacote J. <u>The Process of Cultural Competence in the Delivery of Healthcare Services: The Journey Continues (5th Edition)</u>. Cincinnati, OH: Transcultural C.A.R.E. Associates. http://www.transculturalcare.net

- Campinha-Bacote J, ed. <u>Readings and Resources in Transcultural Healthcare and Mental Health</u> (13th edition), 2002(Available from Josepha Campinha-Bacote, PhD, RN, CS, CTN, FAAN, President, Transcultural C.A.R.E., Associates, 11108 Huntwicke Place, Cincinnati, OH 45241).

- Campinha-Bacote J. "A Model and Instrument for Addressing Cultural Competence in Health Care," <u>Journal of Nursing Education</u> 1999;38(5):203-207.

- Galanti Geri-Ann. <u>Caring for Patients from Different Cultures: Case Studies from American Hospitals</u>, Fourth edition. Philadelphia, PA: University of Pennsylvania Press, 2008.

- Leininger M. T<u>ranscultural Nursing: Concepts, Theories, and Practices</u>, 2nd edition, New York: National League for Nursing Press, 1995.

- Leininger M, McFarland MR. <u>Transcultural Nursing: Concepts, Theories, Research & Practice</u>, 3rd edition, New York: McGraw Hill, 2002.

- Lipson JG, Dibble S, eds. <u>Culture and Clinical Care</u>, San Francisco, CA: UCSF Nursing Press, 2005.

- Purnell L, Paulanka B, eds<u>. Transcultural Health Care: A Culturally Competent Approach</u>, Philadelphia: Davis, 1998.

- Spector RE. <u>Cultural Diversity in Health & Illness</u>, Sixth Edition, Upper Saddle River: Prentice-Hall, 2003.

- Srivastava RH, ed. The <u>Health Care Professional's Guide to Clinical Cultural Competence</u>, Toronto: ON: Mosby Elsevier, Canada, 2007.

- Tripp-Reiner T, Choi E, Kelley S, Enslien J. Cultural Barriers to Care: Inverting the Problem. <u>Diabetes Spectrum</u> 2001; 14(1):13-22.

Pharmacy
- Shaya FT, Gbarayor CM. The Case for Cultural Competence in Health Professions Education. <u>American Journal of Pharmaceutical Education</u> 2006; 70(6):1-6, Article 124 <u>http://www.ajpe.org/aj7006/aj7006124/aj7006124.pdf</u>

Dentistry
- Mouradian W, Berg J, Somerman M. The Role of Cultural Competency in Health Disparities: Training of Primary Care Medical Practitioners in Children's Oral Health. <u>Journal of Dental Education</u>, 2003; 67:860-868.

- Formicola A, Stavisky J, Lewy R. Cultural Competency: Dentistry and Medicine Learning From One Another. <u>Journal of Dental Education</u>, 2003; 67:869-875.

Occupational Therapy/Rehabilitation
- Wells SA. <u>A Multicultural Education and Resource Guide for Occupational Therapy Educators and Practitioners</u>. Bethesda, MD: American Occupational Therapy Association, 1994.

- Wells SA, Black RM. <u>Cultural Competency for Health Professionals</u>. Bethesda, MD: American Occupational Therapy Association, Inc., 2000.

Public Health
- Gonzalez VM, Gonzales JR, Freeman V, Howard-Pitney B. <u>Health Promotion for Diverse Cultural Communities</u>. Palo Alto, CA: Stanford Health Promotion Resource Center (Stanford Center for Research and Disease Prevention), 1991

- Huff RM, Kline MV, eds. <u>Promoting Health in Multicultural Populations: A Handbook for Practitioners</u>, Thousand Oaks, CA: SAGE, 1999.

The 2008 ELAM Forum on Emerging Issues
Selected "Best and Promising Practices" – Cultural Competency

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Health Care Policy

- Graves DL, Like RC, Kelly N, and Hohensee A. Legislation as Intervention: A Survey of Cultural Competence Policy in Health Care. Journal of Health Care Law and Policy 2007; 10(2):339-361.

Hospitals, Ambulatory Care, and Public Health Settings

- 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. (By A. Wilson-Stronks and E. Galvez).http://www.jointcommission.org/NR/rdonlyres/E64E5E89-5734-4D1D-BB4D-C4ACD4BF8BD3/0/hlc_paper.pdf
- American Medical Association. 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, 2006. http://www.ama-assn.org/ama1/pub/upload/mm/369/ef_imp_comm.pdf
- National Medical Association/National/National Colloquium on African American Health. Cultural Competency http://nmanet.org/images/uploads/Cultural_Competency.pdf
- National Association of Public Hospitals and Health Systems. "Serving Diverse Communities in Safety Net Hospitals and Health Systems," The Safety Net 2003; 17(3): Fall. http://www.naph.org/Template.cfm?Section=The_Safety_Net_Archive&template=/ContentManagement/ContentDisplay.cfm&ContentID=3407
- Andrulis DP. "Study of How Urban Hospitals Address Sociocultural Barriers to Health Care Access" http://www.rwjf.org/portfolios/resources/grantsreport.jsp?filename=023299s.htm&iaid=133
- HRET Health Disparities Toolkit: A Toolkit for Collecting Race, Ethnicity, and Primary Language Information from Patients http://www.hretdisparities.org/
- HRSA Cultural Competence Website http://www.hrsa.gov/culturalcompetence/
- California Endowment – Cultural Competence Websites http://www.calendow.org/Category.aspx?id=328&ItemID=328 http://www.calendow.org/Collection_Publications.aspx?coll_id=26&ItemID=316

- California Endowment - Exploring Organizational Development & Capacity in Cultural Competence: Building Knowledge and Practice Series Monograph Series http://www.calendow.org/Collection_Publications.aspx?coll_id=46&ItemID=322

    - Multicultural Organizational Development: A Resource for Health Equity
    - Encouraging More Culturally & Linguistically Competent Health Practices in Mainstream Health Care Organizations: A Survival Guide for Change Agents
    - Cultural Competency in Capacity Building

- Commonwealth Fund – The Role and Relationship of Cultural Competence and Patient-Centeredness in Health Care Quality http://www.cmwf.org/publications/publications_show.htm?doc_id=413721
- National Center for Cultural Competence, Georgetown University. http://www11.georgetown.edu/research/gucchd/nccc/
- National Initiative for Children's Healthcare Quality (NICHQ), Improving Cultural Competency in Children's Health Care: Expanding Perspectives http://www.nichq.org/NR/rdonlyres/5B534B7B-0C38-4ACD-8996-EBB0C4CB2245/0/NICHQ_CulturalCompetencyFINAL.pdf
- MedQIC Cultural Competency http://medqic.org/dcs/ContentServer?cid=1157485300999&pagename=Medqic%2FContent%2FParentShellTemplate&parentName=Topic&c=MQParents
- Physician Toolkit and Curriculum: Resources to Implement Cross-Cultural Curriculum Guidelines for Medicaid Practitioners http://www.omhrc.gov/assets/pdf/checked/toolkit.pdf
- Industry Collaboration Effort (ICE). Better Communication, Better Care: Provider Tools to Care for Diverse Populations http://www.iceforhealth.org/library/documents/ICE_C&L_Provider_Tool_Kit.10-06.pdf
- "Migrant-Friendly Hospitals Project and Amsterdam Declaration" -- European Commission http://www.mfh-eu.net/public/home.htm
- Caring for migrant and minority patients in European hospitals: a review of effective interventions. By A. Bischoff, Neuchatel and Basel: Swiss Forum for Migration and Population Studies, 2003. http://www.mfh-eu.net/public/files/mfh_literature_review.pdf

Managed Care Plans
- National Committee for Quality Assurance (NCQA). Innovative Practices in Multicultural Health Care 2006 and 2007 http://www.amerihealthmercy.com/pdf/newsroom/inthenews/2006/2006-11-ncqa_best_practices.pdf http://www.ncqa.org/Portals/0/Publications/Resource%20Library/SOHC/SOHC_07.pdf
- "Cultural Competence Works: Using Cultural Competence to Improve the Quality of Health Care for Diverse Populations and Add Value to Managed Care Arrangements" http://www.hrsa.gov/financeMC/ftp/cultural-competence.pdf

- "National Study of Culturally and Linguistically Appropriate Services in Managed Care Organizations (CLAS in MCOs Study)"
  http://www.omhrc.gov/assets/pdf/checked/CLAS_healthcare.pdf
- America's Health Insurance Plans (AHIP), Center for Policy and Research. "Innovations in Medicaid Managed Care," March, 2005.
  http://www.ahipresearch.org/pdfs/InvMedicaidMCare05.pdf
- "Building Linguistic and Cultural Competency: A Toolkit for Managed Care Organizations and Provider Networks that Serve the Foreign-Born," 1998.
  http://www.consultmillennia.com/documents/Building%20Linguistic%20&%20Cultural%20Competency.pdf
- Centers for Medicare and Medicaid Services (CMS) and Agency for Health Care Research and Quality (AHRQ) - QAPI National Initiative -- I. Providing Oral Linguistic Services: A Guide for Managed Care Plans, and II. Planning Culturally and Linguistically Appropriate Services: A Guide for Managed Care Plans.
  http://www.ahrq.gov/about/cods/oralling.htm
  http://www.ahrq.gov/about/cods/planclas.htm

Caring for Individuals with Limited English Proficiency
- Straight Talk: Model Hospital Policies and Procedures on Language Access. Authors: Melinda Paras, Paras & Associates/California Health Care Safety Net Institute, 2005
  http://www.safetynetinstitute.org/publications/documents/StraightTalkFinal.pdf
- National Council on Interpreting in Health Care http://www.ncihc.org
- Office of Minority Health: A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations
  http://www.omhrc.gov/templates/content.aspx?ID=4375&lvl=2&lvlID=107
- Office of Minority Health: Health Care Language Services Implementation Guide
  https://hclsig.thinkculturalhealth.org/user/home.rails
- Addressing Language Access in Your Practice Toolkit. California Academy of Family Physicians
  http://www.familydocs.org/assets/Multicultural_Health/Addressing%20Language%20AccessToolkit.pdf
- Office Guide to Communicating with Limited English Proficient Patients, Second Edition. American Medical Association http://www.ama-assn.org/ama1/pub/upload/mm/433/lep_booklet.pdf
- Hablamos Juntos: Language Policy and Practice in Health Care.Universal Symbols for Health Care
  http://www.hablamosjuntos.org/signage/default.index.asp
- Hablamos Juntos: Improving Patient-Provider Communication for Latinos
  http://www.hablamosjuntos.org
- National Health Law Program (NHeLP): Briefing on Language Access, October 6, 2006
  http://www.healthlaw.org/library.cfm?fa=detail&id=118637&appView=folder

- Process of Inquiry: Communicating in a Multicultural Environment, Georgetown University National Center for Cultural Competence
  http://www.nccccurricula.info/communication/index.html
- Cross-Cultural Communication in Health Care: Building Organizational Capacity
  http://www.hrsa.gov/reimbursement/broadcast/default.htm
- Brach C, Fraser I, and Paez K. "Crossing the Language Chasm," Health Affairs 2005 (March); 24(2):424-434.
- Saha S, Fernandez A, eds. Language Barriers in Health Care Journal of General Internal Medicine. November 2007; 22 (Supplement 2,):277-372 - Special Issue.
  http://www.springerlink.com/content/t744v8u05t62/?p=f3b6cce6595f4186a2d3830af2df54e6&pi=11
- Youdelman M, Perkins J. "Providing Language Interpretation Services in Health Care Settings: Examples from the Field," National Health Law Program, May 2002.
  http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=221272
- Youdelman M, Perkins J. "Providing Language Services in Small Health Care Provider Settings: Examples from the Field," National Health Law Program, April 2005
  [The latter 2 reports can be obtained at www.cmwf.org or www.healthlaw.org]

Health Literacy

- Andrulis DB, Brach C. "Integrating Literacy, Culture, and Language to Improve Health Care Quality for Diverse Populations. American Journal of Health Behavior 2007; 31 (Suppl 1):S122-S133.
- AMA/AMA Foundation's Health Literacy toolkits, videos, partnerships http://www.ama-assn.org/ama/pub/category/8115.html
- American College of Physicians Foundation Health Literacy Resources and CD - Health Literacy: A Silent Epidemic. http://foundation.acponline.org/healthcom/hli/resources.htm
- American Academy of Family Physicians. Play It Safe with Medicine! (Toolkit)
  http://www.aafp.org/online/en/home/publications/news/news-now/inside-aafp/20061122playitsafe.html
- Joint Commission. "What Did the Doctor Say?:" Improving Health Literacy to Protect Patient Safety. February 2007 www.jointcommission.org
- DHHS Office of Disease Prevention and Health Promotion Health Literacy Improvement Website
  http://www.health.gov/communication/literacy/powerpoint
  http://www.health.gov/communication/literacy/quickguidel
- Office of the Surgeon General: Improving Health Literacy
  http://www.surgeongeneral.gov/publichealthpriorities.html#literacy
- Institute of Medicine Health Literacy website http://www.aed.org/ToolsandPublications/iom
- DHHS Administration on Aging. Communicating with Older Adults
  http://www.aoa.gov/prof/communicating/communicating.asp

- AHRQ Health Literacy and Cultural Competency Website
  http://www.ahrq.gov/browse/hlitix.html
- National Center for Educational Statistics http://nces.ed.gov/naal
- National Institute for Literacy http://www.nifl.gov/nifl/webcasts/20040803/webcast08-03.html
- MLA Health Information Literacy
  http://www.mlanet.org/resources/healthlit
  http://www.mlanet.org/resources/healthlit/healthlit_resources.html
- Harvard School of Public Health: Health Literacy Studies
  http://www.hsph.harvard.edu/healthliteracy
- Partnership for Clear Health Communication/Ask Me 3 initiative www.AskMe3.org.
- Nielsen-Bohlman L, Panzer AM, Kindig, DA, eds. Committee on Health Literacy Health Literacy - A Prescription to End Confusion. Institute of Medicine, Washington, DC: National Academies Press, 2004.
- Weiss BD. Health Literacy and Patient Safety: Help Patients Understand. Manual for Clinicians, 2nd edition. Chicago, IL: American Medical Association Foundation, 2007
  http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf
- Schwartzberg JG, VanGeest JB, Wang CC: Understanding Health Literacy: Implications for Medicine and Public Health. Chicago, IL: American Medical Association Pres,. 2004
- Zarcadoolas C, Pleasant AF, and Greer DS. Advancing Health Literacy: A Framework for Understanding and Action. San Francisco, Jossey-Bass, 2006.

Movies, Videos, and CD-ROM Resources

- Alexander M. Cinemeducation: An Innovative Approach to Teaching Multi-Cultural Diversity in Medicine. Annals of Behavioral Science and Medical Education 1995; 2(1):23-28.
- American Medical Association. Health Disparities Introductory Kit: Working Together to End Racial and Ethnic Disparities: One Physician at a Time (available from the AMA at 1-800-621-8335 or www.ama-assn.org/go/healthdisparities).
- Communicating Effectively Through an Interpreter (1998) (Available from the Cross Cultural Health Care Program, 270 South Hanford Street, Suite 100, Seattle, Washington 98134; Phone (206)-860-0329; Website www.xculture.org).
- The Bilingual Medical Interview I (1987), and The Bilingual Medical Interview II: The Geriatric Interview, Section of General Internal Medicine, Boston City Hospital, in collaboration with the Department of Interpreter Services and the Boston Area Health Education Center (Available from the BAHEC, 818 Harrison Ave., Boston, MA 02118; Phone (617)-534-5258).
- The Kaiser Permanente/California Endowment Clinical Cultural Competency Video Series. In 2000, Kaiser Permanente, with funding from The California Endowment, embarked on a project to create "trigger" videos as teaching tools for training health care professionals in cultural competence. The Project Director was Jean Gilbert, PhD, a medical anthropologist, and Jo Ann Lesser, Producer, a media specialist. Directing were Rod Gerber and Lisa Beezely Lipman, of the

Kaiser Permanente C.A.R.E. Actors. These now completed videos comprise three sets, each with accompanying facilitator's guide and contextual materials. Each set costs $35.00 or $105 for all 20. The scenarios are from eight to fourteen minutes long. The actors, all professionals living in Los Angeles, are highly diverse in age, gender, ethnicity, and race. The videos have won many prizes at various international film and video festivals (Send order to: Gus Gaona, Kaiser Permanente, National Media Communications: Media Distribution,825 Colorado Ave., Suite 300, Los Angeles, CA 90041,Phone: 323-259-4776).

- Quality Care for Diverse Populations. Video/CD-ROM/Facilitator's Guide, Contributors: K. Bullock, L.G. Epstein, E.L. Lewis, R.C. Like, J.E. South Paul, C. Stroebel, et al.) This educational program includes five video vignettes depicting simulated physician-patient visits in an office setting as a means to explore ethnic and sociocultural issues found in today's diverse health care environment. Produced by the American Academy of Family Physicians (AAFP), with partial funding by the Bureau of Primary Health Care, Health Resources and Services Administration, June 2002. (Available from the American Academy of Family Physicians, AAFP Order Dept., 11400 Tomahawk Creek Parkway, Leawood, KS 66211; Phone (800)-944-0000; Fax (913)-906-6075; http://www.aafp.org/x13887.xml).

- Community Voices: Exploring Cross-Cultural Care Through Cancer. Video and Facilitator's Guide by Jennie Greene, MS & Kim Newell, MD (Available from the Harvard Center for Cancer Prevention, Harvard School of Public Health, 665 Huntington Avenue, Bldg 2, Rm 105, Boston, MA 02115; Phone (617) 432-0038; Fax: (617)-432-1722; hccp@hsph.harvard.edu, or Fanlight Productions, www.fanlight.com).

- Worlds Apart. A Four-Part Series on Cross-Cultural Healthcare. By Maren Grainger-Monsen, MD, and Julia Haslett, Stanford University, Center for Biomedical Ethics (available from Fanlight Productions, www.fanlight.com)

- Hold Your Breath. By Maren Grainger-Monsen, MD, and Julia Haslett, Stanford University, Center for Biomedical Ethics (available from Fanlight Productions, www.fanlight.com)

- The Angry Heart: The Impact of Racism on Heart Disease Among African Americans. By Jay Fedigan. (Available from Fanlight Productions, www.fanlight.com).

- The Culture of Emotions: A Cultural Competence and Diversity Training Program. Harriet Koskoff, Producer/Co-Coordinator, 415 Noe Street, #5, San Francisco, CA 94114; Phone 415-864-0927; Fax 415-621-8969 (Available from Fanlight Productions, www.fanlight.com).

- Culture and ConneXions: Understanding your Patients. Designing care that is culturally competent: The video is meant to assist monolingual health care providers in understanding the intricacies of dealing with a patient from a different culture. Available from Lisa Morris, Director of Cross Cultural Initiatives. Office of Community Programs. University of Massachusetts Medical School (Shrewsberry, MA).

- Ohio Department of Health and Medical College of Ohio. Cultural Competence in Breast Cancer Care (CD-ROM), 2000. VERTIGO PRODUCTIONS LTD., 3634 Denise Drive, Toledo, Ohio 43614; (877)-385-6211.

Continuing Education Programs (selected)

- Second Language and Cultural Competency Training for Continuing Medical Education Credit (funded by the California Endowment)
  http://www.calendow.org/Collection_Publications.aspx?coll_id=26&ItemID=316#

- Office of Minority Health. A Physician's Practical Guide to Culturally Competent Care
  https://cccm.thinkculturalhealth.org

- Office of Minority Health. Culturally Competent Nursing Care: A Cornerstone of Caring
  https://ccnm.thinkculturalhealth.org

- Health Resources and Services Administration. Unified Health Communication 101: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency
  http://www.hrsa.gov/healthliteracy/training.htm

- Quality Interactions: A Patient-Based Approach to Cross-Cultural Care. Manhattan Cross Cultural Group and Critical Measures. http://www.qualityinteractions.org/

- MD Advantage Insurance Company of New Jersey. Cultural Competency: A Risk Management Agenda for Change. Accredited by UMDNJ Center for Continuing Outreach and Education.
  http://www.mdadvantageonline.com/

- Network Omni® Caring with CLAS: Cultural Competence In Health Care. Accredited by UMDNJ Center for Continuing Outreach and Education.
  http://www.networkomni.com/collateral/NetworkOmni_Caring_with_CLAS_Brochure.pdf

- Delivering Culturally Effective Care for Patients with Diabetes. Medical Directions – The Virtual Lecture Hall and Department of Family Medicine, University of Arizona College of Medicine at the Arizona Health Sciences Center.
  http://www.vlh.com/shared/courses/course_info.cfm?courseno=1786

- Communicating Through Health Care Interpreters. Medical Directions – The Virtual Lecture Hall and Rush University Medical Center.
  http://www.vlh.com/shared/courses/course_info.cfm?courseno=155

- Culture and Health Care: An E-Learning Course (based on Cultural Sensitivity: A Guidebook for Physicians and HealthCare) Doctors in Touch (DIT)
  http://www.doctorsintouch.com/courses_for_CME_credit.htm

- Quality Care for Diverse Populations. Video/CD-ROM/Facilitator's Guide, Contributors: K. Bullock, L.G. Epstein, E.L. Lewis, R.C. Like, J.E. South Paul, C. Stroebel, et al.) Produced by the American Academy of Family Physicians (AAFP), with partial funding by the Bureau of Primary Health Care, Health Resources and Services Administration, June 2002. (Available from the American Academy of Family Physicians, AAFP Order Dept., 11400 Tomahawk Creek Parkway, Leawood, KS 66211; Phone (800)-944-0000; Fax (913)-906-6075
  http://www.aafp.org/online/en/home/cme/selfstudy/qualitycarevideo.html

- Cultural Competency Challenge CD-ROM Educational Program (AAOS Product #02735). American Academy of Orthopaedic Surgeons, 6300 North River Road, Rosemont, IL 60018-4262.
  www.aaos.org/challenge

- Assessing Health Literacy in Clinical Practice. BD Weiss, Medscape Family Medicine, November 28, 2007 http://www.medscape.com/viewprogram/8203
- Assuring Quality Care for People With Limited Health Literacy, CE Allen, DA Kindig, RM Parker, DL Roter. Medscape Family Medicine, January 25, 2008. http://www.medscape.com/viewarticle/569201
- Strategies to Improve Communication with Latino/Hispanic Patients. American Medical Association http://www.ama-cmeonline.com/lep_com_strategies
- Hepatitis B in Asian and Pacific Islanders:Steps Towards Cultural Competency. Hepatitis B Foundation. http://www.hepb.org/hepb_course/API_course.php
- Cross-Cultural Health Care: Case Studies. Pediatric Pulmonary Centers: A Collaborative Web Site of the MCH Training Network. http://www.dcs.wisc.edu/pda/online/cc-cases.htm
- Measuring Health Disparities, Interactive CD-ROM. John Lynch, PhD, and Sam Harper, PhD, McGill University. Produced by the Michigan Public Health Training Center (MPHTC) http://measuringhealthdisparities.org
- Assuring Cultural Competence in Disaster Response. Jennifer N. Baggerly, PhD, LMHC, RPT-S, Florida Center for Public Health Preparedness, University of South Florida, 2005 http://www.fcphp.usf.edu/courses/course/course.asp?c=ACC
- Medscape Health Diversity Resource Center http://www.medscape.com/resource/healthdiverse

Curricular Materials
- Transforming the Face of Health Professions Through Cultural & Linguistic Competence Education: The Role of the HRSA Centers of Excellence http://www.hrsa.gov/culturalcompetence/curriculumguide/

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