
General Web-based Training Resources

Training Modules:

American Association for Child and Adolescent Psychiatry. **Diversity and Cultural Competency Curriculum for Child and Adolescent Psychiatry Training.**

Available at: <http://www.psych.org/Share/OMNA/Minority-Council/AACAP-Diversity-Curriculum.aspx?FT=.pdf>

Curriculum framework outlines three learning goals and provides suggested teaching methods for knowledge, skill, and attitude learning objectives and level of proficiency (basic, intermediate and advanced) within each goal.

The three learning goals are as follows:

- Understand the concept of cultural competence and its practical application in child and adolescent psychiatry
- Knowledge of normal development compared to pathology within the concept of cultural identity
- Understand the cultural competence model of service delivery and systems-based care

American Psychiatric Association. **Ethnic Minority Elderly Curriculum.**

Available at: <http://www.psych.org/Share/OMNA/Minority-Council/MinorityElderlyCurriculum.aspx>

The curriculum introduction describes training needs for working with culturally diverse patients/clients and provides suggested teaching methods and evaluation of learner performance, including a sample cultural competency evaluation form.

The content also includes an explanation of the key concepts of race, culture, and ethnicity, and general information regarding mental health access issues and diagnosis, healthcare beliefs and behaviors, disorder prevalence, and treatment concerns among the elderly in African American, American Indian and Alaska Native, Asian American and Pacific Islander, and Latino communities. Learning objectives focus on development of cultural competency in patient care, medical knowledge, interpersonal communications, and systems-based care.

General Web-based Training Resources

Training Modules:

Anne E. Dyson Community Pediatrics Training Initiative, Curriculum Committee. **Community Pediatrics Resources**. Children's Hospital Boston; 2004.

Available at: <http://www2.aap.org/compeds/cpti/Curriculum-Bod-2005.pdf>

Resource includes a chapter that provides examples of existing curricula and materials for planning a clinical curriculum on the delivery of culturally effective pediatric care. The chapter includes suggestions of teaching methods and anticipated learning outcomes. The examples of existing curricula and their implementation in health profession training programs are profiled in detail.

Association of American Medical Colleges. **MedEdPORTAL**.

Available at: www.mededportal.org/cmeforcredit

Database of peer-reviewed online teaching materials and assessment tools. Materials consist of workshop curricula, problem-based learning exercises, case studies, PowerPoint presentations and accompanying notes, Web-based courses and tutorials, group reflection exercises, and self-assessment modules. AMA PRA Category 1 Credit is available for physicians.

Examples of resources include the following:

Martin C, Carraccio C, Wolfsthal S, Juan R. **Web-Based, Cross Cultural Educational Modules**. MedEdPORTAL; 2006.

Available at: www.mededportal.org/publication/147

Lie D. **An Evidence and Case-Based Approach to Health Disparities**. MedEdPORTAL; 2007.

Available at: www.mededportal.org/publication/573

Bereknyei S, et al. **Stopping Discrimination Before it Starts: The Impact of Civil Rights Laws on Healthcare Disparities - A Medical School Curriculum**. MedEdPORTAL; 2009.

Available at: www.mededportal.org/publication/7740

[Return to Start of Resources](#)

General Web-based Training Resources

Training Modules:

DeGannes C, Woodson Coke K, Bender Henderson T, Sanders-Phillips K. **A Small-Group Reflection Exercise for Increasing the Awareness of Cultural Stereotypes: A Facilitator's Guide.** MedEdPORTAL; 2009.

Available at: www.mededportal.org/publication/668

Elliott D, StGeorge C, Signorelli D, Trial J. **Stereotypes and Bias at the Psychiatric Bedside - Cultural Competence in the Third Year Required Clerkships.** MedEdPORTAL; 2010.

Available at: www.mededportal.org/publication/1150

Kobylarz F, Heath J, Like R, Granville L. **The ETHNICS Mnemonic: Clinical Tool, Didactics, and Small Group Facilitator's Guide.** MedEdPORTAL; 2007.

Available at: www.mededportal.org/publication/600

Bower D, Webb T, Larson G, Tipnis S, Young S, Berdan E, et al. **Patient Centered Care Workshop: Providing Quality Health Care to a Diverse Population.** MedEdPORTAL; 2007.

Available at: www.mededportal.org/publication/579

Lie D. **Interpreter Cases for Cultural Competency Instruction.** MedEdPORTAL; 2006.

Available at: www.mededportal.org/publication/205.

Elliott D. **Cultural Self Awareness Workshop.** MedEdPORTAL; 2009.

Available at: www.mededportal.org/publication/1128.

Elliott D, Schaff P, Woehrle T, Walsh A, Trial J. **Narrative Reflection in Family Medicine Clerkship - Cultural Competence in the Third Year Required Clerkships.** MedEdPORTAL; 2010.

Available at: www.mededportal.org/publication/1153

General Web-based Training Resources

Training Modules:

Carter-Pokras O, Acosta DA, Lie D, et al. **Practice What You Teach: Curricular Products from the National Consortium for Multicultural Education for Health Professionals**. 2009.

Available at: <http://culturalmeded.stanford.edu/pdf%20docs/Focus%20MDNG%20NCME%20curricular%20products.pdf>

Overview of various curricular products developed by members of the National Consortium for Multicultural Education for Health Professionals.

Products that are featured include the following:

- Achieving Cultural Competency: A Case-Based Approach to Training Health Professionals
- The RESTORE Mnemonic: A Framework for Relationship-Centered Care
- CRASH – Course in Cultural Competency Training Program
- Curricula in Asthma Management

Children's Hospital at Montefiore Medical Center and AIDS Education and Training Centers National Resource Center. **Treating Adolescents with HIV: Tools for Building Skills in Cultural Competence, Clinical Care, and Support**. 2007.

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

The five training modules include video clips and interactive questions that address the following topics:

- Fundamentals of Adolescent Care and Cultural Competence
- Psychosocial Issues
- Antiretroviral Treatment and Adherence
- Transitioning Care
- Prevention

General Web-based Training Resources

Training Modules:

Group for the Advancement of Psychiatry, LGBT Issues Committee. **LGBT Mental Health Syllabus**. Hosted by Association of Gay and Lesbian Psychiatrists.

Available at: <http://www.aglp.org/gap/>

Series of modules about providing care for lesbian, gay, bisexual, transgender, and intersex patients/clients.

The following topics are covered:

- History of Psychiatry and Homosexuality
- Taking a Sexual History with LGBT Patients
- Psychological Development and the Life Cycle
- Psychotherapy
- Medical and Mental Health
- Transgender
- Intersex
- Ethics
- Diversity/People of Color

Each module includes learning goals and objectives, a pre-test and post-test, and links to additional resources and references.

Hark L. **Culture and Communication: What Do You Need to Know?** Willis Eye Institute and Jefferson Medical College.

Available at: <http://culturalmeded.stanford.edu/teaching/culturalcompetency.html>

Module features PowerPoint slides that address the following learning objectives:

- Increase awareness of major shifts in the U.S. population;
- Recognize factors that contribute to building a strong patient-provider relationship; and
- Appreciate that a patient's cultural background can influence their willingness to adhere to a provider's medical advice.

Discussion of ethnic population trends is accompanied by brief case descriptions. In addition, tips are provided for working with medical interpreters. Issues of health literacy and stereotyping are also addressed.

[Return to Start of Resources](#)

General Web-based Training Resources

Training Modules:

Kaiser Family Foundation. **KaiserEDU.org**.

Available at: www.kaiseredu.org

The website includes tutorials and presentations, policy issue modules, sample course syllabi, a video directory, and a database of recent publications on the health of minority populations and racial and ethnic disparities in health care.

Lee GK, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Rehabilitation Counseling**. Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2009.

Available at: <http://cirrie.buffalo.edu/culture/curriculum/guides/rc.pdf>

Resource provides suggestions for integrating cultural competence into the occupational therapy curriculum, with an emphasis on the Campinha-Bacote theoretical model of cultural competence. Sample case studies and interactive learning activities are described, focusing on learner self-awareness; developing knowledge of clinicians' and clients' worldviews; and improving cross-cultural clinical skills.

Lubinski R, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Speech-Language Pathology**. Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2008.

Available at: <http://cirrie.buffalo.edu/culture/curriculum/guides/speech.pdf>

Resource provides suggestions for integrating cultural competence into the speech-language pathology curriculum for undergraduate, graduate, and continuing education audiences. Foundational knowledge for learners emphasizes the Campinha-Bacote theoretical model of cultural competence. Appendices include descriptions of interactive learning activities; case studies and discussion questions; and ideas for student assessment. Specific topics addressed by the interactive activities include foundational knowledge; clinical service delivery issues; and professional issues (advocacy, ethics, research, and supervision).

[Return to Start of Resources](#)

General Web-based Training Resources

Training Modules:

Meyer D, Michie J, Batista M, et al. **Training for Better Care: A Cultural Competency Curriculum for the Health Professions.** Columbia University.

Available at: http://ces4health.info/uploads/Training%20for%20Better%20Health_a%20Cultural%20Competency%20Curriculum%20for%20the%20Health%20Professions.pdf

Manual is based on a cultural competency curriculum designed by the Community Pediatrics program at the Columbia University Medical Center. The authors describe specific interactive learning activities and include suggestions regarding materials needed, time frame, and associated costs; sample PowerPoint presentations and discussion questions; and tips on activity preparation, planning, and evaluation methods.

The sample lesson plans address topics of

- 1) Cross-cultural knowledge (community assets, home visits, home remedies and health beliefs training, and culturally and linguistically responsive care);
- (2) Self-awareness;
- (3) Language diversity (use of interpreters, language immersion, and health literacy training); and
- (4) Advocacy (service learning).

General Web-based Training Resources

Training Modules:

Mihalic AP, Dobbie AE. **Steps to Becoming Culturally and Linguistically Competent: A Pediatric Curriculum.** University of Texas Southwestern Medical Center and Children's Medical Center; 2009.

Available at: [http://www.fmdrl.org/index.cfm?event=c.beginBrowseD&clearSelections=1&criteria=cultural competence#2372](http://www.fmdrl.org/index.cfm?event=c.beginBrowseD&clearSelections=1&criteria=cultural%20competence#2372)

Toolkit includes a 77-slide PowerPoint presentation, self-study assignment, role plays on cross-cultural communication and appropriate use of interpreter services, and a pre- and post-test case exam on cultural competence knowledge.

The PowerPoint includes instructor notes and addresses the following topic areas:

- Difference between race, ethnicity, and culture concepts;
- Significance of culture in health care;
- Development of provider's self-awareness;
- Core cultural factors that impact the patient/client-provider relationship;
- Cultural differences in health beliefs and methods of healing;
- Impact of social context on patient care;
- Cross-cultural communication;
- Resources to help bridge the cultural gap between providers and patients/clients;
- Impact of language on health care; and
- Steps to becoming linguistically competent.

General Web-based Training Resources

Training Modules:

Georgetown University, National Center for Cultural Competence. **Curricula Enhancement Module Series.**

Available at: <http://www.nccc-curricula.info/>

The curricula enhancement module series is designed to assist instructors in incorporating the following key content areas into existing health profession curricula:

- (1) Cultural awareness;
- (2) Cultural self-assessment;
- (3) Process of inquiry – communicating in a multicultural environment; and
- (4) Public health in a multicultural environment.

The series also provides supplemental materials, multimedia resources, and instructional strategies for each content area.

National Consortium for Multicultural Education for Health Professionals. **Resources for Educators.** 2009.

Available at: <http://culturalmeded.stanford.edu/teaching/>

Webpage provides a portal for teaching resources on healthcare disparities, cultural competency, and language access. The featured resources are in various formats, including curriculum guides, book chapters, web-based presentations and case studies, and self-study guides.

General Web-based Training Resources

Training Modules:

Nochajski SM, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Occupational Therapy.** Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2008.

Available at: <http://cirrie.buffalo.edu/culture/curriculum/guides/ot.pdf>

Resource provides suggestions for integrating cultural competence into the occupational therapy curriculum, with an emphasis on the Campinha-Bacote theoretical model of cultural competence.

Sample case studies and interactive learning activities are described, focusing on learner self-awareness; application of cultural awareness in conducting health assessments and treatment planning and implementation; and in-depth analysis through self-reflection.

Panzarella KJ, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Physical Therapy.** Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2008.

Available at: <http://cirrie.buffalo.edu/culture/curriculum/guides/pt.pdf>

Resource provides suggestions for integrating cultural competence into the occupational therapy curriculum, with an emphasis on the Campinha-Bacote theoretical model of cultural competence.

Sample case studies, self-tests and questionnaires, and other interactive learning activities are included to focus on development of foundational knowledge in cultural competence.

General Web-based Training Resources

Training Modules:

Stanford University School of Medicine, Stanford Geriatric Education Center.

Webinar Series.

Available at: <http://sgec.stanford.edu/events.html>

Webinar series is targeted to health and social service providers who work with older adults from diverse cultural backgrounds. Past webinar topics include "Introduction to Clinical Ethnogeriatrics," "Diversity and Dementia," "Health Literacy and Health Disparities," "Emergency Preparedness, Medication, and Health Literacy," and "Cultural Humility: The Next Level of Cultural Competence."

Previous webinars are archived and available for viewing. Accompanying handouts relevant to each webinar can be downloaded from the website. The current year's webinars offer continuing education credit for nurses, social workers, marriage and family therapist, physicians and psychologists.

Stanford University School of Medicine, Stanford Geriatric Education Center.

Mental Health Aspects of Diabetes in Elders from Diverse Ethnic Backgrounds. 2005.

Available at: <http://sgec.stanford.edu/resources/diabetes.html>

A resource for teaching culturally-appropriate care for depression and cognitive loss for older adults who are at risk for diabetes. The 10-module curriculum includes PowerPoint slides and highlights content relevant to the following ethnic groups: African American, American Indian, Chinese American, Filipino American, Hmong American, Japanese American, and Mexican American.

General Web-based Training Resources

Training Modules:

Trotter RT et al. **National Health Service Corps Educational Program for Clinical and Communication Issues in Primary Care: Cross-Cultural Issues in Primary Care Module**. 1994 (rev. 1999). National Center for Cultural Healing.

Available at: http://www.amsa.org/AMSA/Libraries/Committee_Docs/culture.sfb.ashx

The content areas addressed in the module are:

- Introduction to Culturally Appropriate Medicine
- Issues of Ethnocentrism
- Language and Communication in Health Care
- Environmental Conditions and Culturally Competent Medical Care

Each section of the module includes a suggested teaching timeline, learning objectives, ice breakers, a topic overview, case studies and suggested responses, suggested readings, and handouts or presentation material. The module was produced for the National Health Service Corps program of the U.S. Department of Health and Human Services.

Yeo G, ed. **Curriculum in Ethnogeriatrics: Core Curriculum and Ethnic Specific Modules**. Stanford University School of Medicine, Geriatric Education Center. 2001.

Available at: <http://www.stanford.edu/group/ethnoger/>

Adaptable web-based curriculum is composed of five core modules as well as 11 additional modules that address health concerns of elders from several different ethnic populations.

The core modules focus on the following topics:

- Introduction and overview of the field of ethnogeriatrics
- Patterns of health risk
- Fund of knowledge (major systems of health beliefs and the historical experiences of elders in the U.S.)
- Culturally competent geriatric assessment
- Cultural issues in health care interventions, access, and utilization.

In addition, the curriculum includes instructional strategies for interviewing elders from diverse communities.

[Return to Start of Resources](#)

General Web-based Training Resources

Case Studies (Print and Video):

Albert Einstein College of Medicine and the Bronx Center to Reduce and Eliminate Racial and Ethnic Health Disparities. **Teaching Cases Exploring Cross-Cultural Care.** 2007.

Available at: <http://www.einstein.yu.edu/uploadedFiles/Bronxcreed/Final%20Case%20Book.pdf>

Series of seven case studies includes learning objectives, case narratives, visual aids, and an instructor's guide. The cases are intended to reflect diverse areas of clinical expertise in teaching the knowledge and skills needed for providing care to diverse populations.

The topic areas addressed by the cases are:

- Patient/client's perspective on chronic illness
- Social stressors and support networks
- Fears about potential consequences of medications and/or illness
- Complimentary/alternative therapies
- Family decision-making and withholding information
- Effects of migration and acculturation on family dynamics and beliefs
- Language barriers and communication
- Religious beliefs and spirituality
- The culture of medicine
- Disease and illness
- Discrimination, stereotyping, and mistrust

General Web-based Training Resources

Case Studies (Print and Video):

American Academy of Family Physicians. **Quality Care for Diverse Populations Videos.**

Available at: <http://www.aafp.org/online/en/home/clinical/publichealth/culturalprof/quality-care-diverse-populations.html>

Training program includes five video vignettes featuring simulated patient office visits that explore the following topics:

- Collaborating with medical interpreters;
- Recognizing how cultural factors may pose as barriers to communication and patient compliance;
- Identifying health concerns of lesbian, gay, bisexual and transgender (LGBT) populations;
- Identifying issues that may arise during the health exam for new immigrants; and
- Understanding Native American cultural communication patterns.

[Video length: total of 43 min. (each video ranges from 2 to 9 min.)]

Clarke ME. **Cultural Competency in Healthcare: A Clinical Review and Video Vignettes from the National Medical Association.** 2008. Medscape.

Available at: <http://www.medscape.org/viewarticle/573591>

Resource includes a pre-test, post-test, and three learning modules that address the following issues: (1) Recognizing and addressing bias; (2) Patient-provider communication; and (3) Overcoming language barriers.

The modules include video vignettes and reflective questions. The modules are preceded by an introductory section that discusses the rationale for cultural competence training and opportunities for intervention at the level of the provider, organization leadership, and organization process of care.

General Web-based Training Resources

Case Studies (Print and Video):

Fanlight Productions. **Healthcare: Cross-Cultural Issues.**

Available at: <http://www.fanlight.com/catalog/subjects/culture.php>

Catalog listing of documentary film selections that focus on cross-cultural healthcare and other social issues. Videos are available for purchase and rental. Fees vary.

Kaiser Permanente and The California Endowment. **The Multicultural Health Series.** 2005.

Available at: http://www1.calendow.org/uploadedFiles/multicultural_health_series.pdf (Facilitator Guide)

Series of 10 video case studies with accompanying facilitator's guide and participant handouts. The case studies are intended to increase learners' awareness of the importance of cultural competence in health care. The facilitator's guide includes background notes about each video scenario, along with debrief questions and a suggested outline for a one-hour discussion or workshop around each video.

For information about ordering the DVD series, please contact Kaiser Permanente, Multimedia Communications department at (323) 259-4341 or (323) 259-4546. [Case studies range in length from 10 to 97 min.]

Management Sciences for Health and the U.S. Department of Health and Human Services/Health Resources and Services Administration. **Reducing Health Disparities in Asian American and Pacific Islander Populations.** 2005.

Available at: <http://erc.msh.org/aapi/>

Interactive website offers instructional content and video clips on the following topic areas:

- Introduction to Cultural Competence
- Asian American Pacific Islander Demographics
- Asian American Pacific Islander Medical Traditions
- Techniques for Taking a Medical History
- Patient Adherence
- Communicating Across Cultures
- Asian American Pacific Islander Epidemiology

[Return to Start of Resources](#)

General Web-based Training Resources

Case Studies (Print and Video):

Nash A. **The New Americans: Series Guide and Activity Book**. 2004. Independent Television Service (ITVS) Community Connections Project. Available at: http://cdn.itvs.org/new_americans-discussion.pdf

Video companion guide for higher education and professional development settings is a supplement to “The New Americans” (ITVS) documentary miniseries that explores immigrant experiences in the U.S. The guide includes suggestions for facilitating a viewing of the series and examples of discussion questions and activities. One section of the guide contains learning objectives specifically designed for health care and mental health professionals.

Information about obtaining the video series is available at: <http://www.pbs.org/independentlens/newamericans/#>

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

Website features three case studies that focus on specific challenges that Latino immigrant patients may confront in clinical settings. Each case is followed by commentaries from scholars or health professionals.

University of Texas Medical Branch and Smith Creek Studios. **Wider View**. Available at: http://smithcreekstudios.com/wider_view/

Four video case studies of a diverse set of patients who are in need of the following types of care: Alzheimer’s disease, cancer, home self-care, and chronic back pain.

General Web-based Training Resources

Case Studies (Print and Video):

University of Texas Medical Branch. **Worldwide Health Information System Simulation Linkage.**

Available at: <http://whissl.utmb.edu/WHISSL/Index.asp>

A series of 29 diverse simulated patient cases are presented with accompanying electronic medical record information and information about relevant cultural and community components. The problem-based learning assignments for each patient case allow the learner to act as a consultant in response to a patient referral. In addition, tutorials are provided to assist instructors to develop supplemental interactive learning activities.

Warren NS. **A Genetic Counseling Cultural Competence Toolkit.** 2010.

National Society of Genetic Counselors.

Available at: http://geneticcounselingtoolkit.com/genetic_counseling_cases.htm

Series of case studies includes reflective questions that focus on health disparities, cultural identity, and application of cultural assessment tools, case preparation, medical history interviewing, and support and counseling. The case studies match up to specific steps in the genetic counseling process.

Continuing education credits and/or learning certificates are available for practitioners and students in multiple health disciplines.

General Web-based Training Resources

Case Studies (Print and Video):

University of Pennsylvania, School of Medicine. **Cultural Competency Medical Education Program**. 2008.

Available at: <http://www.med.upenn.edu/culture/cme.shtml>

Two web-based video case studies are available:

- 35-year-old African American man with AIDS
- 53-year-old Russian immigrant with Drug-Resistant Tuberculosis

Learning objectives include:

- Understanding the interface between race and sexual orientation in healthcare;
- Confidentiality and approaches to discussing sensitive issues with patients;
- Factors that may affect access to healthcare;
- Importance of using trained medical interpreters;
- Accommodating patients' cultural and social contexts and family members in the treatment decision-making process.

Each video is one hour in length, and continuing medical education credit is available.

General Web-based Training Resources

Self-Guided Learning Resources:

Bradley LN. **Introduction to Cultural Competency and Title VI**. 2012. North Carolina Center for Public Health Preparedness.

Available at: http://cphp.sph.unc.edu/training/HEP_CULTCr/certificate.php

Self-paced, web-based course discusses the impact of cultural, social and behavioral factors on the delivery of public health and healthcare services and compliance with Title VI Federal legislation. Title VI prohibits discrimination on the basis of race, color, and national origin (and consequently limited English proficiency) in programs and activities that receive Federal funding. Continuing education credits are available.

Management Sciences for Health and the U.S. Department of Health and Human Services/Health Resources and Services Administration. **The Provider's Guide to Quality and Culture**. 2006 (rev. 2008).

Available at: <http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English>

Interactive website includes brief overviews and audio-video clips on the following topics:

- What is Cultural Competence?
- Evaluating Oneself
- Avoiding Stereotypes
- Cultural Competence Pointers
- Provider Perspectives
- Clinical Exchanges
- Prior Assumptions and Prejudices
- Medical History and Diagnosis
- Patient Adherence
- Working with an Interpreter
- Non-Verbal Communication
- Relating to Patients' Families
- Health Disparities and Clinical Outcomes
- Cultural Groups
- Culturally Competent Organizations

General Web-based Training Resources

Clinical/Field Application Resources:

Cora-Bramble D. **Culturally Effective Care Toolkit**. American Academy of Pediatrics; 2011.

Available at: <http://practice.aap.org/culturallyeffective.aspx>

Resource provides brief information and general guiding principles and tools for practice in relation to the following topics:

- Culturally effective pediatric care
- Health beliefs and practices
- Nutrition, feeding, and body image perspectives
- Behavior and child development
- Language interpretation services
- Literacy and health literacy

University of Washington and Harborview Medical Center. **EthnoMed: Integrating Cultural Information into Clinical Practice**.

Available at: www.ethnomed.org

Website contains information about cultural and religious beliefs and medical issues related to the delivery of healthcare to immigrant populations. The site also includes a section with patient education materials that are available in 10 languages.

General Web-based Training Resources

INDEX

American Academy of Family Physicians. **Quality Care for Diverse Populations Videos.**

Albert Einstein College of Medicine and the Bronx Center to Reduce and Eliminate Racial and Ethnic Health Disparities. **Teaching Cases Exploring Cross-Cultural Care.** 2007.

American Association for Child and Adolescent Psychiatry. **Diversity and Cultural Competency Curriculum for Child and Adolescent Psychiatry Training.**

American Psychiatric Association. **Ethnic Minority Elderly Curriculum.**

Anne E. Dyson Community Pediatrics Training Initiative, Curriculum Committee. **Community Pediatrics Resources.** Children's Hospital Boston; 2004.

Association of American Medical Colleges. **MedEdPORTAL.**

Bradley LN. **Introduction to Cultural Competency and Title VI.** 2012. North Carolina Center for Public Health Preparedness.

Carter-Pokras O, Acosta DA, Lie D, et al. **Practice What You Teach: Curricular Products from the National Consortium for Multicultural Education for Health Professionals.** 2009.

Children's Hospital at Montefiore Medical Center and AIDS Education and Training Centers National Resource Center. **Treating Adolescents with HIV: Tools for Building Skills in Cultural Competence, Clinical Care, and Support.** 2007.

Clarke ME. **Cultural Competency in Healthcare: A Clinical Review and Video Vignettes from the National Medical Association.** 2008. Medscape.

Cora-Bramble D. **Culturally Effective Care Toolkit.** American Academy of Pediatrics; 2011.

[Return to Start of Resources](#)

General Web-based Training Resources

Fanlight Productions. **Healthcare: Cross-Cultural Issues.**

Georgetown University, National Center for Cultural Competence. **Curricula Enhancement Module Series.**

Group for the Advancement of Psychiatry, LGBT Issues Committee. **LGBT Mental Health Syllabus.** Hosted by Association of Gay and Lesbian Psychiatrists.

Hark L. **Culture and Communication: What Do You Need to Know?** Willis Eye Institute and Jefferson Medical College.

Kaiser Family Foundation. **KaiserEDU.org.**

Kaiser Permanente and The California Endowment. **The Multicultural Health Series.** 2005.

Lee GK, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Rehabilitation Counseling.** Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2009.

Lubinski R, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Speech-Language Pathology.** Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2008.

Management Sciences for Health and the U.S. Department of Health and Human Services/Health Resources and Services Administration. **Reducing Health Disparities in Asian American and Pacific Islander Populations.** 2005.

Management Sciences for Health and the U.S. Department of Health and Human Services/Health Resources and Services Administration. **The Provider's Guide to Quality and Culture.** 2006 (rev. 2008).

Meyer D, Michie J, Batista M, et al. **Training for Better Care: A Cultural Competency Curriculum for the Health Professions.** Columbia University.

[Return to Start of Resources](#)

General Web-based Training Resources

Mihalic AP, Dobbie AE. **Steps to Becoming Culturally and Linguistically Competent: A Pediatric Curriculum.** University of Texas Southwestern Medical Center and Children's Medical Center; 2009.

Nash A. **The New Americans: Series Guide and Activity Book.** 2004. Independent Television Service (ITVS) Community Connections Project.

National Consortium for Multicultural Education for Health Professionals. **Resources for Educators.** 2009.

Nochajski SM, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Occupational Therapy.** Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2008.

Panzarella KJ, Matteliano MA. **A Guide to Cultural Competence in the Curriculum: Physical Therapy.** Center for International Rehabilitation Research Information and Exchange (CIRRIE), State University of New York, University at Buffalo; 2008.

Peterson-Iyer K. **Culturally Competent Care for Latino Patients.** Santa Clara University, Markkula Center for Applied Ethics.

Stanford University School of Medicine, Stanford Geriatric Education Center. **Webinar Series.**

Stanford University School of Medicine, Stanford Geriatric Education Center. **Mental Health Aspects of Diabetes in Elders from Diverse Ethnic Backgrounds.** 2005.

Trotter RT et al. **National Health Service Corps Educational Program for Clinical and Communication Issues in Primary Care: Cross-Cultural Issues in Primary Care Module.** 1994 (rev. 1999). National Center for Cultural Healing.

University of Pennsylvania, School of Medicine. **Cultural Competency Medical Education Program.** 2008.

[Return to Start of Resources](#)

General Web-based Training Resources

University of Texas Medical Branch and Smith Creek Studios. **Wider View.**

University of Texas Medical Branch. **Worldwide Health Information System Simulation Linkage.**

University of Washington and Harborview Medical Center. **EthnoMed: Integrating Cultural Information into Clinical Practice.**

Warren NS. **A Genetic Counseling Cultural Competence Toolkit.** 2010. National Society of Genetic Counselors.

Yeo G, ed. **Curriculum in Ethnogeriatrics: Core Curriculum and Ethnic Specific Modules.** Stanford University School of Medicine, Geriatric Education Center. 2001.

Methodology

In February 2011, a formal partnership to develop the Primer was established between the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities, and the University of Maryland College Park, School of Public Health and its Herschel S. Horowitz Center for Health Literacy.

To help inform the co-authors' development of the Primer, a series of **four workgroups** were formed during the period of October 2011 to September 2012 to provide external input and feedback on the development of the Primer's framework and its content.

Workgroup One: National Experts in Cultural Competency and Health Literacy

The first Workgroup convened in October 2011 at the 3rd Health Literacy Annual Research Conference in Chicago, Illinois. Thirty-one invitees, representing a balance of expertise in cultural competency, health literacy, and health care communication, were able to participate. Participants also included representatives from five State Offices of Minority Health (Arkansas, California, Indiana, Maryland, and Michigan), the National Institute of Minority Health and Health Disparities, the Agency for Healthcare Research and Quality, the Research Triangle Institute, and Adventist HealthCare, Inc.

Before the meeting, the participants were provided with background materials and were invited to participate in a preparatory conference call and email discussions so that they could begin to familiarize themselves with two examples of learning objectives that exist for cultural competency and health literacy.

The two sets of learning objectives that were reviewed by the workgroup are as follows:

1) Coleman, Hudson, Maine, Culbert. **Health Literacy Competencies for Health Professionals: Preliminary results of a Modified Delphi Consensus Study.** (Publication forthcoming).

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

During the Workgroup meeting, the lead authors of the health literacy and cultural competency studies cited above (Dr. Clifford Coleman and Dr. Desiree Lie) made formal presentations to the Workgroup participants about the development of the respective health literacy and cultural competency learning objectives.

After reviewing each set of learning objectives, participants used a modified "Q Sort Methodology" to engage in a group process of matching the health literacy competencies (63 items) to the competencies presented in the revised Tool for Assessing Cultural Competency Training (42 items). Q Sort is a social science research method to study participants' subjectivity or point of view.

Methodology

Participants were assigned to cross-disciplinary groups with members having expertise in cultural competency, health literacy, health care communication, and minority health. Each group examined a subset of health literacy and cultural competency learning objectives. Group facilitators asked the participants to sort the learning objectives as addressing one of the following three categories: 1) Solely Cultural Competency, 2) Solely Health Literacy, or 3) Both Cultural Competency and Health Literacy.

Based on the results of the matching exercise and the larger group discussion, the participants were able to identify a core set of competencies that encompass both cultural competency and health literacy and to identify gaps, or missing learning objectives. In several instances, the workgroup participants provided suggestions for revised core competency language to more accurately reflect the integration of specific cultural competencies and health literacy competencies.

Workgroup Two: Educators of Maryland Health Professional Education Programs

Thirty invited educators, representing 23 different university- and community-college based health profession training programs in Maryland, attended Workgroup #2 in December 2011.

The combined core competencies derived during the October 2011 Workgroup #1 meeting were presented to invitees.

Using the results of the October 2011 matching exercise, the Workgroup #2 engaged in an exercise to link the combined core set of cultural and health literacy competencies to stage of learner (developmental sequencing).

The educators were assigned to groups based on discipline: 1) allied health; 2) dentistry, medicine, and pharmacy; 3) nursing (two groups); and 4) public health and social work. Group size and clusters were based on the number of affirmative responses to the Workgroup letter of invitation, which was sent to Maryland-based health profession schools or programs in each discipline: 15 allied health programs, 4 dental schools/programs, 21 nursing schools/programs, 3 medical schools, 3 pharmacy schools, 4 public health schools/programs, and 3 social work schools/programs.

The results of the October 2011 and December 2011 Workgroup exercises were analyzed and synthesized in early 2012 before being submitted back to both Workgroups via email for further commentary by conference call in March 2012. Based on the feedback from the two Workgroups, the framework for the Primer was refined further.

The first public draft of the Primer was released to both Workgroups in June 2012. The Workgroups submitted feedback on the draft via conference call in July 2012.

Methodology

Workgroup Three: Continuing Education Instructors and Administrators

Workgroup #3 was convened in August 2012. Participants included 21 continuing education administrators representing Maryland health occupation licensing boards, Maryland chapters of national health professional associations, and health system organizations across Maryland.

Participants provided overall feedback and comments on the draft Primer from the perspective of how it could be used in a continuing education setting. (August 2012)

Participants were assigned to groups that were each composed of the range of continuing education settings in attendance at the session.

Feedback was obtained from the participants in response to the following questions:

- What is needed to make the Primer useful for you and your constituents?
- What would be the best approach(es) for encouraging use of the guide in continuing education training programs?
- What might hinder use of the Primer? How could those blocks be prevented, reduced, or eliminated?
- Who else should be included in the review and feedback process?

Workgroup Four—Maryland Community Stakeholders

Workgroup #4 was held in September 2012. This group included stakeholders who could provide some community perspective from the 56-member Cultural and Linguistic Competency Workgroup of the Maryland Health Disparities Collaborative. Participants represented a broad range of community-based organizations, statewide health advocacy organizations, health systems and health plans, local health departments, and academic institutions.

Participants provided recommendations that will be useful for future iterations of the Primer. Recommendations highlighted the need to develop a process for soliciting input from consumer groups and other stakeholders, and the need to implement a mechanism to validate the effectiveness of the Primer's resources in achieving the core competency learning objectives outlined in the Primer's six modules.

In fall 2012, a final draft *Primer* was completed to incorporate feedback obtained from the four Workgroups. The input was utilized by the creators of this *Primer* to refine the core framework around which the *Primer* is organized.

Overall, participants' evaluations of the Workgroup sessions expressed the "importance and urgency for all health professions to come together to address this critical issue" and that "there is a lot to be done with integrating these two big themes of health literacy and cultural competency."

Methodology

Beginning in October 2012, over 150 reviewers (primarily educators and students) were recruited to conduct standardized evaluations of approximately 250 individual resources that were contained in draft Primer. The Web-based evaluation consists of queries regarding the quality and appropriateness of each resource in terms of content, instructional design, technical design, and consideration of contemporary social issues. The first round of resource reviews began in late November 2012. Future reviews will be ongoing as new resources are added to the Primer.

In preparation for future iterations of the *Primer*, plans are under consideration for developing additional training resources that are specific to bias and stereotyping — an under-addressed topic in the *Primer*.

The *Primer* will be posted on multiple websites for ease of access. Users of the Primer are invited to share their thoughts on the content of the guide and to propose the inclusion of additional resources.

Correspondence can be emailed to dhmh.healthdisparities@maryland.gov

APPENDIX

[I. Statutes, Standards, and Policy Guidance](#)

Maryland Statutes on Cultural Competency and Health Literacy

Other State Statutes on Cultural Competency Education

Federal Statutes Related to Cultural Competency and Language Access

Federal Policy Guidance, Standards, and Frameworks Related to Cultural Competency, Health Literacy, and Language Access

Accreditation and Consensus Standards on Organizational Cultural Competency

[II. Examples of Cultural Competency Education Frameworks Developed by Health Profession Accrediting Agencies and Professional Associations](#)

[III. Examples of International Standards on Cultural Competency](#)

[IV. Selected Reference Resources](#)

[V. Health Disparities Research Academic Centers in Maryland](#)

APPENDIX I: Statutes, Standards, and Policy Guidance

Maryland Statutes on Cultural Competency and Health Literacy

Maryland Code Health-General § 19-134, § 19-303, § 20-904 and §§ 20-1401 – 20-1407 (enacted in 2012): **“Maryland Health Improvement and Disparities Reduction Act of 2012”** seeks to reduce health disparities, increase access to care and better health outcomes among underserved communities, and reduce health care costs.

The statute includes the following cultural competency provisions:

- Demonstrated cultural, linguistic, and health literacy competency by health care professionals who apply for Maryland’s health enterprise zone incentives;
- Implementation of a health plan evaluation system that incorporates a standard set of measures, including actions taken by health plans to track and reduce health disparities and whether health plans provide culturally appropriate educational materials of their members; and,
- Convening a Workgroup of the Maryland Health Quality and Cost Council to:
 - (1) Examine appropriate standards for cultural and linguistic competency for medical and behavioral health treatment and the feasibility and desirability of incorporating these standards into reporting by health care providers and tiering of reimbursement rates by payors;
 - (2) Assess the feasibility of and develop recommendations for criteria and standards establishing multicultural health care equity and assessment programs for the Maryland Patient Centered Medical Home program and other health care settings; and
 - (3) Recommend criteria for health care providers in Maryland to receive continuing education in multicultural health care, including cultural competency and health literacy training.

A final report of the Workgroup’s findings is to be submitted to the Council by December 2013.

APPENDIX I: Statutes, Standards, and Policy Guidance

Maryland Statutes on Cultural Competency and Health Literacy

Maryland Code Health-General §§ 20-1001 – 20-1004(15) and §§ 20-1301 – 20-1304 (reenacted with amendments in 2012): **“Cultural Competency and Health Literacy – Education”** revises the 2008 statute (Maryland Code Health-General § 20-1001 and § 20-1004(15)) which required schools of medicine, nursing, dentistry, and pharmacy to report on courses they are offering to address both cultural and linguistic competency and health literacy. The revised statute expands the reporting mandate to include schools of social work, public health, and allied health.

The statute calls for institutions of higher education to work collaboratively with the Maryland Office of Minority Health and Health Disparities to develop courses on cultural competency, cultural sensitivity and health literacy designed to address the problem of racial and ethnic disparities.

Maryland Code Health-General §§ 1-214 – 1-218 and §§ 1-601 – 1-609 (enacted in 2010): **“Health Occupations Boards – Revisions”** requires the Maryland Health Occupations Boards to collect race and ethnicity data as part of the Boards’ licensing, certifying, or renewal processes; and notify all licensees of Board vacancies and ensure to the extent practicable that Board members reflect the geographic, racial, ethnic, cultural, and gender diversity of the state.

The statute also requires collaborative development of a cultural competency training process and relevant materials for new board members.

APPENDIX I: Statutes, Standards, and Policy Guidance

Maryland Statutes on Cultural Competency and Health Literacy

Maryland Code Health-General §§ 20-1301 – 20-1304 (enacted in 2009): **“Cultural and Linguistic Health Care Provider Competency Program”** establishes a Cultural and Linguistic Health Care Provider Competency Program, which encourages health professional associations in Maryland to identify or develop training programs focused on teaching healthcare professionals methods to improve their cultural and linguistic competency and communication with patients, incorporate cultural beliefs and practices in the diagnosis and treatment of patients, and improve patients’ health literacy and their ability to make appropriate health care decisions.

The statute also requires the Maryland Department of Health and Mental Hygiene to develop a method through which the health occupation licensing boards will recognize such cultural competency training received by health care professionals.

Maryland Code Health-General § 20-1001 and § 20-1004 (15) (enacted in 2008): **“Health Disparities – Institutions of Higher Education – Report”** required universities, colleges, and higher education programs of medicine, nursing, pharmacy, and dentistry in Maryland to report to three General Assembly committees and MHHD on their courses that address cultural competency, sensitivity, and health literacy.

MHHD worked with the programs to develop a reporting format, collect the data, and provide an analysis of the findings.

A final report was submitted to the Maryland General Assembly in 2009.

APPENDIX I: Statutes, Standards, and Policy Guidance

Maryland Statutes on Cultural Competency and Health Literacy

Maryland Code Health-General § 10-211 and § 11-406 (enacted in 2008): **“Institutions of Higher Education – Plans for Programs of Cultural Diversity”** requires institutions of higher education to report annually to their respective governing bodies or the Maryland Independent Colleges and Universities Association (MICUA) on programs that promote and enhance cultural diversity.

MICUA and the governing bodies must report their findings to the Maryland Higher Education Commission (MHEC), which subsequently presents an annual report to the Maryland General Assembly.

Maryland Chapter 412, Acts of 2007 (enacted in 2007): **“Workgroup on Cultural Competency and Workforce Development for Mental Health Professionals”** required MHHD to convene a workgroup on cultural competency and workforce development for mental health professionals.

The workgroup set forth recommendations that related to the need to facilitate the licensure or certification of foreign-born and foreign-trained mental health professionals to the full scope allowed by State and Federal law, and development of training programs, educational materials and other initiatives to enhance the cultural competency of all mental health professionals.

A final report was submitted to the Maryland General Assembly in 2008.

APPENDIX I: Statutes, Standards, and Policy Guidance

Maryland Statutes on Cultural Competency and Health Literacy

Maryland Code Health-General § 20-1101 (enacted in 2006): “**Cultural Competency and Health Outcomes – Pilot Program**” required the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities to provide technical assistance to selected community-based hospital systems for a specified 3-year pilot program to address the cultural competency training of health care providers and track changes in specified health outcome measures.

Maryland Code Health-General §§ 20-801 – 20-804 (enacted in 2003): “**Health Care Services Disparities Prevention Act**” encouraged institutions of higher education and hospitals to implement curriculum and continuing education courses and seminars that address the issue of health care services disparities of minority populations, as reported in the findings of the Institute of Medicine’s report “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.”

The statute also required the Maryland Department of Health and Mental Hygiene to work in consultation with the Maryland Healthcare Foundation and other identified entities to develop and implement a coordinated program delivery system plan to reduce health care disparities based on gender, race, ethnicity, and poverty.

APPENDIX I: Statutes, Standards, and Policy Guidance

Other State Statutes on Cultural Competency Education (as of December 2012)

California Business and Professional Code § 2190.1 (enacted in 2006):

The Medical Board of California requires all continuing medical education (CME) courses that have a patient care component and are offered by CME providers in California to contain curriculum that includes cultural and linguistic competency in the practice of medicine. Licensees are required to complete 50 CME credits every two years. All CME courses must be accredited by either the California Medical Association or the Accreditation Council for Continuing Medical Education.

The following criteria are recommended as minimally acceptable course content related to cultural and linguistic competency:

- Applying linguistic skills to communicate effectively with the target population;
- Utilizing cultural information to establish therapeutic relationships;
- Eliciting and incorporating pertinent cultural data in diagnosis and treatment; and,
- Understanding and applying cultural and ethnic data to the process of clinical care.

Connecticut General Statute § 20-10b (enacted in 2010):

The Connecticut Department of Public Health requires one contact hour of education or training in cultural competency every 2 years. Qualifying continuing medical education activities include, but are not limited to, courses offered or approved by the American Medical Association, American Osteopathic Medical Association, Connecticut Hospital Association, Connecticut State Medical Society, county medical societies or equivalent organizations in another jurisdiction, educational offerings sponsored by a hospital or other health care institution or courses offered by a regionally accredited academic institution or a state or local health department.

APPENDIX I: Statutes, Standards, and Policy Guidance

Other State Statutes on Cultural Competency Education (as of December 2012)

New Jersey Revised Statute § 45:9-7.2 et. seq. (enacted in 2005):

The New Jersey Board of Medical Examiners requires physicians who were licensed in the State prior to the effective date of the statute to demonstrate participation in cultural competency training as a condition of license renewal. Physicians who obtain a medical degree from a school of medicine in New Jersey after the effective date of the statute are not required to fulfill this continuing education requirement, as the statute includes separate provisions that mandate the inclusion of cultural competency training in the medical school curriculum.

Physicians who receive a medical degree at a school of medicine outside of New Jersey and are seeking licensure in the state for the first time are also required to participate in cultural competency continuing education, unless proof of such prior training can be demonstrated. The 6-hour continuing education mandate is a one-time requirement that is not repeated for each license renewal period.

New Mexico Chapter 114 of the Acts of 2007 (enacted in 2007):

A temporary provision required the New Mexico Secretary of Higher Education to appoint a task force on cultural competence to study and make recommendations on specific cultural competence curricula for each health-related training program offered in the state's public higher education institutions.

The curricula would be required to cover cross-cultural communication; culturally and linguistically appropriate health policy considerations; exploration of health beliefs and explanatory models; culturally competent health care delivery; health disparities, privilege and equity factors in the health system; and culturally and linguistically competent care supported by policy, administration and practice. The curricula would be designed to be offered electronically and through other distance-education models.

APPENDIX I: Statutes, Standards, and Policy Guidance

Other State Statutes on Cultural Competency Education (as of December 2012)

Washington Revised Code § 43.70.615 (enacted in 2006):

The Washington State Department of Health is required (contingent upon available funding) to establish an ongoing continuing education program in multicultural health for the health professions regulated by the Department. The education program would be developed in consultation and collaboration with the health occupation boards and commissions, and the health profession education programs in the State. The Department of Health and the health boards and commissions are authorized to require that instructors of continuing education programs integrate multicultural health into their curricula when appropriate to the subject matter of the instruction.

In a separate provision, the statute requires each education program that trains licensed health professionals in the state to incorporate multicultural health into the program's basic education curriculum. The Department of Health may not deny the health professional licensing application of an individual on the basis that his or her training program did not include integrated curriculum on multicultural health as part of the basic education program.

In addition to legislation on cultural competence curriculum, many states have legislated the provision of language access services for limited English proficient patients and clients. Although details of State legislation on language access services are not provided in this publication, brief descriptions of Federal statutes and policy guidance related to language access are provided below.

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Statutes Related to Cultural Competency and Language Access

Executive Order 13166 of August 11, 2000: Improving Access to Services for Persons with Limited English Proficiency. Federal Register 65 (159):50121-50122.

Available at: <http://www.gpo.gov/fdsys/pkg/FR-2000-08-16/pdf/00-20938.pdf>

The Executive Order requires each Federal agency to conduct a needs assessment of the agency's services for persons with limited English proficiency, and to develop and implement a system to provide the services that are lacking. The Executive Order also requires Federal agencies to ensure that Federally-funded providers of health and social services provide meaningful access to such services for limited English proficient applicants and beneficiaries.

Patient Protection and Affordable Care Act. 42 U.S.C. § 18001.

Available at: <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

The Affordable Care Act features a number of provisions that target various underserved communities, in an effort to address the health care needs of all Americans. For example, Section 5307 of the Affordable Care Act allows for the award of Federal grants for the purpose of developing, evaluating, and disseminating research, demonstration projects, and model training curricula for "cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities." Curricula would be for use in health professions schools and continuing education programs.

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Statutes Related to Cultural Competency and Language Access

Plain Writing Act of 2010. 5 U.S.C. § 301

Available at: <http://www.gpo.gov/fdsys/pkg/PLAW-111publ274/pdf/PLAW-111publ274.pdf>

The Plain Writing Act requires Federal agencies to use “clear Government communication that the public can understand and use”. The Law applies to all Federal publications, forms, and publicly distributed documents. These documents should be written in a “clear, concise, well-organized” manner. Each agency publishes an annual report on their activities in compliance with the Act.

Section 504 of the Rehabilitation Act of 1973. 29 U.S.C. § 794.

Available at: <http://www.gpo.gov/fdsys/pkg/USCODE-2007-title29/html/USCODE-2007-title29-chap16-subchapV-sec794.htm>

Section 504 states: “No otherwise qualified individual with a disability in the United States, as defined in section 705(20) of this title, shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service.” Individuals who are deaf or who have hearing, speech or visual impairments are included among those who are protected against denial of services. Federally-funded health facilities and programs must provide auxiliary aids when necessary to ensure effective communication.

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Statutes Related to Cultural Competency and Language Access

Title VI of the U.S. Civil Rights Act of 1964. 42 U.S.C. § 2000d.

Available at: <http://www.gpo.gov/fdsys/pkg/USCODE-2011-title42/html/USCODE-2011-title42-chap21-subchapV-sec2000d.htm>

Title VI states: “No person in the United States shall, on ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” Title VI protections extend to persons with limited English proficiency based on the prohibition of national origin discrimination.

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Policy Guidance, Standards, and Frameworks Related to Cultural Competency, Health Literacy, and Language Access

HHS Office for Civil Rights. (2003). **Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons.**

Available at: www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html (secondary access: <http://www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf>)

The Policy Guidance is intended for health and social services providers who receive Federal funding from the U.S. Department of Health and Human Services. The Guidance clarifies providers' responsibilities to limited English proficient (LEP) individuals under Title VI of the Civil Rights Act of 1964.

Specifically, the Guidance addresses the following issues:

- What health and social service entities are covered under the Guidance?
- How is the extent of the obligation determined?
- Who is considered to be an LEP individual?
- How should language assistance services be selected?
- What are the elements of an effective language assistance plan?
- How is Title VI compliance determined?

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Policy Guidance, Standards, and Frameworks Related to Cultural Competency, Health Literacy, and Language Access

HHS Office of Disease Prevention and Health Promotion. (2010). **Healthy People 2020**.

Available at: <http://www.healthypeople.gov/2020/default.aspx>

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

Included within Healthy People 2020's 42 topic areas are objectives that focus on:

- (A) Improving the health literacy of the population;
- (B) Increasing the proportion of persons who are satisfied with their health care providers' communication skills;
- (C) Increasing the proportion of persons whose health care providers engage them in health care decisions; and
- (D) Increasing the proportion of health professional degree-granting universities whose required curriculum includes content on cultural diversity.

The four overarching goals of Healthy People 2020 are:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death;
- Achieve health equity, eliminate disparities, and improve the health of all groups;
- Create social and physical environments that promote good health for all;
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Policy Guidance, Standards, and Frameworks Related to Cultural Competency, Health Literacy, and Language Access

HHS Office of Disease Prevention and Health Promotion. (2010). **National Action Plan to Improve Health Literacy.**

Available at: <http://www.health.gov/communication/hlactionplan/>

The Action Plan outlines seven goals with corresponding multi-sector strategies for improving health literacy nationally. The Plan is based on the following two premises: “(1) everyone has the right to health information that helps them make informed decisions and (2) health services should be delivered in ways that are understandable and beneficial to health, longevity, and quality of life.”

The seven goals outlined in the Plan are as follows:

- Develop and disseminate health and safety information that is accurate, accessible, and actionable;
- Promote changes in the health care system that improve health information, communication, informed decision-making, and access to health services;
- Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level;
- Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community;
- Build partnerships, develop guidance, and change policies;
- Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy;
- Increase the dissemination and use of evidence-based health literacy practices and interventions.

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Policy Guidance, Standards, and Frameworks Related to Cultural Competency, Health Literacy, and Language Access

HHS Office of Minority Health. (2000). **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care.**

Available at: https://www.thinkculturalhealth.hhs.gov/Content/clas.asp#clas_standards

First released in 2000, the CLAS Standards outline basic principles that health care organizations and individual health care providers can undertake to make health care services more culturally and linguistically accessible. The Standards address: (1) Culturally Competent Care; (2) Language Access Services; and (3) Organizational Supports.

With input from organizations and practitioners in the field, the HHS Office of Minority Health has revised the CLAS Standards in order to ensure that the Standards remain “current and appropriate” and reflect the most promising practices and experiences of providers in the field.

APPENDIX I: Statutes, Standards, and Policy Guidance

Federal Policy Guidance, Standards, and Frameworks Related to Cultural Competency, Health Literacy, and Language Access

HHS Office of Minority Health and the National Partnership for Action to End Health Disparities. (2011). **National Stakeholder Strategy for Achieving Health Equity.**

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

The Strategy document presents a set of five goals with objectives for public and private sector health equity initiatives and partnerships. The purpose of the initiatives and partnerships is to assist racial and ethnic minority communities and underserved populations in reaching their full health potential through community-driven approaches to disparities reduction and health equity.

The five goals set forth by the Strategy document are:

- Awareness – Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations.
- Leadership – Strengthen and broaden leadership for addressing health disparities at all levels.
- Health System and Life Experience – Improve health and healthcare outcomes for racial, ethnic, and underserved populations.
- Cultural and Linguistic Competency – Improve cultural and linguistic competency and the diversity of the health-related workforce.
- Data, Research, and Evaluation – Improve data availability, coordination, utilization, and diffusion of research and evaluation outcomes.

APPENDIX I: Statutes, Standards, and Policy Guidance

Accreditation and Consensus Standards on Organizational Cultural Competency

Joint Commission. (2010). **Patient-Centered Communication Standards for Hospitals.**

Available at: http://www.jointcommission.org/Advancing_Effective_Communication/

The Joint Commission accredits and certifies hospitals, doctor's offices, nursing homes, ambulatory surgery centers, behavioral health treatment facilities, and home care providers. In 2010, the Joint Commission released hospital accreditation standards for patient-centered communication; and the standards went into effect fully in July 2012.

The standards pertain to the following topic areas:

- Hospital admissions process;
- Patient assessments;
- Delivery of health care treatment;
- End-of-life care;
- Hospital discharge and transfer;
- Organizational leadership;
- Collection and use of data;
- Hospital workforce; and,
- Patient, family and community engagement.

APPENDIX I: Statutes, Standards, and Policy Guidance

Accreditation and Consensus Standards on Organizational Cultural Competency

National Committee for Quality Assurance. (2010). **Standards and Guidelines for Distinction in Multicultural Health Care.**

Available at: <http://www.ncqa.org/Portals/0/Public%20Policy/NCQA%20MHC%20fact%20sheet.pdf>

Secondary access: <http://www.cpehn.org/pdfs/Standards%20for%20Multicultural%20Health%20Care%20-%20NCQA.pdf>

The National Committee for Quality Assurance (NCQA) accredits and certifies a range of health care organizations, including health plans, managed behavioral healthcare organizations, and wellness and health promotion vendors. NCQA's Multicultural Health Care Standards were developed from consensus-based standards and recommendations adopted by the U.S. Department of Health and Human Services/Office of Minority Health, the National Quality Forum, and the Institute of Medicine's Subcommittee on Data Standardization.

The Standards were released in 2010 as a voluntary program that addresses five themes:

- Race, ethnicity and language data;
- Language services;
- Cultural responsiveness;
- Culturally and linguistically appropriate services (CLAS) programs; and
- Reducing health disparities.

APPENDIX I: Statutes, Standards, and Policy Guidance

Accreditation and Consensus Standards on Organizational Cultural Competency

National Quality Forum. (2009). **Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competence.**

Available at: http://www.qualityforum.org/projects/cultural_competency.aspx

The National Quality Forum (NQF) is a coalition of national organizations representing health plans and health care consumers, providers, purchasers, suppliers, and evaluators. NQF outlines 45 preferred practices for providing culturally and linguistically appropriate care.

The preferred practices address the following seven themes:

- Leadership;
- Integration into management systems and operations;
- Patient-provider communication;
- Care delivery and supporting mechanisms;
- Workforce diversity and training;
- Community engagement; and
- Data collection, public accountability, and quality improvement.

APPENDIX II: Examples of Cultural Competency Education Frameworks Developed by Health Profession Accrediting Agencies and Professional Associations (*United States*)

Association of American Medical Colleges/Association of Schools of Public Health, “Cultural Competence Education for Students in Medicine and Public Health,” available at: <http://www.asph.org/UserFiles/11-278%20CulturCompet%20Interactive%20final.pdf>

American Association of Colleges of Nursing, “Cultural Competency in Nursing Education,” available at: <http://www.aacn.nche.edu/Education/cultural.htm>

American Medical Student Association, “Achieving Diversity in Dentistry and Medicine Project – Cultural Competency Curricular Guidelines for Medical and/or Dental Schools,” available at: <http://www.amsafoundation.org/pdf/CulturalCompCurriculum.pdf>

American Physical Therapy Association, “Blueprint for Teaching Cultural Competence in Physical Therapy Education,” available at: <http://www.apta.org/CulturalCompetence/>

American Psychological Association, “Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists,” available at: <http://www.apa.org/pi/oema/resources/policy/multicultural-guidelines.aspx>

Association of American Medical Colleges, “Tool for Assessing Cultural Competence Training (TACCT),” available at: <https://www.aamc.org/initiatives/tacct/>

Association of Schools and Colleges of Optometry, “ASCO Guidelines for Culturally Competent Eye and Vision Care,” available at: http://www.opted.org/files/public/Guidelines_Culturally_Compent_Feb2009.pdf

[Return to Start of Appendix](#)

APPENDIX II: Examples of Cultural Competency Education Frameworks Developed by Health Profession Accrediting Agencies and Professional Associations (*United States*)

Association of Schools of Public Health, “Master’s Degree in Public Health Core Competency Model,” available at: http://www.asph.org/publication/MPH_Core_Competency_Model/index.html; and “Doctor of Public Health Core Competency Model,” available at: http://www.asph.org/publication/DrPH_Core_Competency_Model/index.html

National Association of Social Workers, “NASW Standards for Cultural Competence in Social Work Practice,” available at: <http://www.socialworkers.org/practice/standards/NASWCulturalStandards.pdf>

Society of Teachers of Family Medicine, “Recommended Core Curriculum Guidelines on Culturally Sensitive and Competent Health Care,” available at: <http://www.stfm.org/group/minority/guidelines.cfm>

APPENDIX III: Examples of International Standards on Cultural Competency (*English Language*)

Council of Europe. "Recommendation CM/Rec(2011)13 of the Committee of Ministers to Member States on Mobility, Migration and Access to Health Care," available at: [https://wcd.coe.int/ViewDoc.jsp?Ref=CM/Rec\(2011\)13&Language=lanEnglish&Ver=original&Site=CM&BackColorInternet=C3C3C3&BackColorIntranet=EDB021&BackColorLogged=F5D383#RelatedDocuments](https://wcd.coe.int/ViewDoc.jsp?Ref=CM/Rec(2011)13&Language=lanEnglish&Ver=original&Site=CM&BackColorInternet=C3C3C3&BackColorIntranet=EDB021&BackColorLogged=F5D383#RelatedDocuments)

Council of Europe. "Recommendation Rec(2006)18 of the Committee of Ministers to Member States on Health Services in a Multicultural Society," available at: <https://wcd.coe.int/ViewDoc.jsp?id=1062769&Site=CM>

European Commission, Migrant Friendly Hospitals Task-Force. "The Amsterdam Declaration. Towards Migrant-Friendly-Hospitals in an Ethno-cultural Europe," available at: http://ec.europa.eu/health/ph_projects/2002/promotion/fp_promotion_2002_annex7_14_en.pdf

Medical Council of New Zealand. "Statement on Cultural Competence," available at: <http://www.mcnz.org.nz/assets/News-and-Publications/Statements/Statement-on-cultural-competence.pdf>

Multicultural Mental Health Australia. "National Cultural Competency Tool (NCCT) for Mental Health Services," available at: www.mhima.org.au/_literature_73821/NCCT

National Health Service (Scotland). "Fair For All: Summary and Recommendations," available at: <http://www.scotland.gov.uk/Resource/Doc/159176/0043303.pdf>

National Health Service (United Kingdom), Equality and Diversity Council. "The Equality Delivery System for the NHS," available at: <http://www.eastmidlands.nhs.uk/about-us/inclusion/eds/>

New Zealand Registered Dietician Board. "Guidelines for Cultural Competency: For Dietitians Registered under the Health Practitioners Competence Assurance Act (New Zealand)," available at: http://www.dietitiansboard.org.nz/webfm_send/33

[Return to Start of Appendix](#)

APPENDIX III: Examples of International Standards on Cultural Competency (*English Language*)

Nursing Council of New Zealand. "Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice," available at: <http://www.nursingcouncil.org.nz/download/97/cultural-safety11.pdf>

State Government of Victoria, Australia, Department of Health. "Cultural Responsiveness Framework," available at: <http://www.health.vic.gov.au/cald/cultural-responsiveness-framework>

World Health Organization - Health Promoting Hospitals Network, Task Force on Migrant Friendly and Culturally Competent Care. "Project to Develop Standards for Equity in Health Care for Migrants and Other Vulnerable Groups: Preliminary Standards for Pilot-Testing in Health Care Organizations," available at: http://www.ausl.re.it/HPH/FrontEnd/Home/Default.aspx?channel_id=38

[Return to Start of Appendix](#)

APPENDIX IV: Selected Reference Resources

American Association of Colleges of Nursing. **Tool Kit for Cultural Competence in Master's and Doctoral Nursing Education.** 2011 (revised).

Available at: http://www.aacn.nche.edu/education-resources/Cultural_Competency_Toolkit_Grad.pdf

Document highlights references and resources on models and theories for cultural competency; cross-cultural communication; development of cultural competency education; and culturally competent research.

American Association of Colleges of Nursing. **Tool Kit of Resources for Culturally Competent Education for Baccalaureate Nurses.** 2008.

Available at: <http://www.aacn.nche.edu/education-resources/toolkit.pdf>

Document includes references and resources on key concepts related to cultural competency; models for culturally competent care; learning strategies to foster cultural competency; and culturally competent practice and research.

American Association of Colleges of Pharmacy. **Learning Communities: Cultural Competence and Diversity.**

Available at: <http://www.aacp.org/resources/learningcommunities/Pages/CulturalCompetenceandDiversity.aspx>

Brief compilation of resources relevant to cultural competence in health professions training.

American Psychological Association. **Multicultural Training Resources: Ethnic Minority Affairs Office.**

Available at: <http://www.apa.org/pi/oema/resources/multicultural-training.aspx>

Website includes several sets of multicultural service delivery guidelines and other relevant resources, such as those pertaining to the topics of immigration and racism.

APPENDIX IV: Selected Reference Resources

California Endowment. **A Manager's Guide to Cultural Competence Education for Health Care Professionals**. 2003.

Available at: [http://www1.calendow.org/uploadedFiles/managers_guide_cultural_competence\(1\).pdf](http://www1.calendow.org/uploadedFiles/managers_guide_cultural_competence(1).pdf)

Reference discusses issues to consider when planning cultural competence training for health care professionals. Included are citations and descriptions of resources that discuss conceptual models of culturally competent health care and the assessment of cultural competence among health care organizations and providers.

California Endowment. **Principles and Recommended Standards for Cultural Competence Education of Health Care Professionals**. 2003.

Available at: http://www1.calendow.org/uploadedFiles/principles_standards_cultural_competence.pdf

Reference highlights several guiding principles for cultural competence education, including recommended standards for:

- Training methods and modalities;
- Evaluation of cultural competence learning; and,
- Qualifications of cultural competence educators and trainers.

Appendices include references on models of culturally competent care, descriptions of video-based case studies; and organization websites for supplemental information.

Further references are provided in the companion piece "**Resources in Cultural Competence Education for Health Care Professionals**" (2003), available at: http://www1.calendow.org/uploadedFiles/resources_in_cultural_competence.pdf

APPENDIX IV: Selected Reference Resources

Chin JL. **Cultural Competence and Health Care.** Council for the National Register of Health Service Providers in Psychology; 2003.

Available at: <http://nationalregister.org/e-psychologist/module7.pdf>

Module discusses the following topics (among others) which may be useful in the professional development of health profession educators:

- Issues associated with training health providers to be culturally competent;
- Some of the indicators of cultural competence and what it means to be a culturally competent health provider; and,
- Principles of cultural competence and evaluation of the cultural competence of health providers.

Drexel University School of Public Health. **National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities.**

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

Online clearinghouse and information exchange portal designed to facilitate communication, networking and collaboration to improve preparedness, build resilience and eliminate disparities for racially and ethnically diverse communities in public health emergencies. (Abstract from HHS Office of Minority Health)

Georgetown University, Maternal and Child Health (MCH) Library. **Culturally Competent Services: Resource Brief.**

Available at: <http://www.mchlibrary.info/guides/culturalcompetence.html>

Brief list of relevant Web links and MCH Library resources on cultural competency, including relevant bibliographies and organizations.

APPENDIX IV: Selected Reference Resources

Joint Commission. **Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals**. 2010.

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

Resource provides examples of recommended practices to address issues related to cultural competence and patient-centered care and communication during the following hospital-based processes:

- Hospital admission
- Patient assessment
- Treatment
- End-of-life care
- Discharge and transfer
- Organization readiness (leadership; collection and use of data; workforce; delivery of care; and patient, family, and community engagement).

Also includes an extensive list of supplemental resources, including those related to addressing the needs of the specific populations (e.g., persons with disabilities; persons with poor vision or hearing; persons with physical or cognitive communication needs).

APPENDIX IV: Selected Reference Resources

Lypson M, et al. **Multicultural Education for Faculty: Scenes from the Movie “Crash”**. University of Michigan; 2010.

Available at:

<http://open.umich.edu/education/med/resources/multicultural-education-faculty/2010>

Workshop training material to assist faculty in facilitating discussions on race, gender, sexual orientation, and socioeconomic diversity. Participants will view scenes from the Academy Award-winning film “Crash” and use the scenes as the basis for discussion and reflection on personal and professional experiences and identities.

The purpose of the workshop is to model the types of discussions that faculty would facilitate with students to foster their critical awareness of the impact of assumptions, biases, and prejudice in patient-provider interactions. The training material includes a timed agenda, suggested session format and process, discussion questions, and a sample evaluation form. The workshop is structured as a 1.5-hour session. The workshop facilitator would need to obtain a copy of the film.

National Association of County and City Health Officials (NACCHO). **Toolbox**.

Available at: <http://www.naccho.org/toolbox/>

Collection of case examples, presentations, fact sheets, training materials, and other resources developed by public health professionals on various topics including community assessments, cultural competency, health equity, immigrant and refugee health, and vulnerable populations.

National Library of Medicine. **Multi-Cultural Resources for Health Information**.

Available at: <http://sis.nlm.nih.gov/outreach/multicultural.html>

Compilation of Website links to resources on cultural competency, health literacy, limited English proficiency, and interpreting in health care.

APPENDIX IV: Selected Reference Resources

Smedley BD, Stith AY, Nelson AR (eds.). **Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care**. Institute of Medicine. Washington, DC: National Academies Press; 2002.
Available at: http://www.nap.edu/catalog.php?record_id=10260 (free download)

Landmark report on the evidence base and potential sources of racial and ethnic disparities in health care, provides recommendations on organizational and policy-level interventions to eliminate such disparities.

University of California-San Francisco, Fresno Center for Medical Education and Research. **Hablamos Juntos: Language Policy and Practice in Health Care**.

Available at: www.hablamosjuntos.org/resources/default.resources.asp#rwo

An archive of literature, papers, reports and data on the following language access issues:

- (1) The state of health care for persons with limited English proficiency (LEP);
- (2) Population change and language data;
- (3) The business case for language access;
- (4) Legal requirements and government policy related to language access;
- (5) Organizational approaches to language access;
- (6) Interpreters and interpreting;
- (7) Translation and quality written materials;
- (8) Signage; and
- (9) Ethics and culture.

APPENDIX IV: Selected Reference Resources

University of Maryland, Health Sciences and Human Services Library. **Health Literacy Resources.**

Available at: <http://guides.hshsl.umaryland.edu/healthliteracy>

Web guide provides links to U.S. information resources on health literacy and clear health communication.

University of Maryland Medical Center. **Índice Médico De la Enciclopedia – Español.**

Available at: http://www.umm.edu/esp_ency/

Online Spanish medical encyclopedia that is organized by the following broad terms: symptoms, injury, disease, surgery, nutrition, poison, tests, and special topics. The encyclopedia allows the user to toggle between English and Spanish language text.

Urban Institute. **Children of Immigrants Data Tool.**

Available at: <http://datatool.urban.org/charts/datatool/pages.cfm>

The interactive tool uses American Community Survey (U.S. Census Bureau) data to generate graphs and charts illustrating child and family linguistic and socioeconomic characteristics based on the country of birth and citizenship of children and their families in the U.S.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **AHRQ Health Care Innovations Exchange.**

Available at: <http://www.innovations.ahrq.gov/culturalcompetence.aspx>

Searchable database of evidence-based innovations and practical tools for advancing delivery of culturally and linguistically-competent health care in a range of health care settings.

APPENDIX IV: Selected Reference Resources

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **AHRQ Pharmacy Health Literacy Center.**
Available at: <http://www.ahrq.gov/pharmhealthlit/>

Website provides pharmacists with recently released tools and other resources from the Agency for Healthcare Research and Quality to assist pharmacists in addressing health literacy concerns.
(Abstract adapted from HHS)

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **Health Literacy and Cultural Competency: HHS Resource Links.**
Available at: <http://www.ahrq.gov/browse/hlitres.htm>

Comprehensive list of health literacy and cultural competency Websites hosted by the U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. **Improving Access to Language Services in Health Care: A Look at National and State Efforts;** 2009.
Available at: www.ahrq.gov/populations/languageservicesbr.pdf

The issue brief explores national efforts to address language barriers for patients with limited English proficiency. It identifies challenges to delivering language services and highlights successes and implications for future policy as well as activities related to providing language services.
(Abstract from HHS Office of Minority Health)

APPENDIX IV: Selected Reference Resources

U.S. Department of Health and Human Services, National Center for Health Statistics. **Health Indicators Warehouse.**

Available at: <http://healthindicators.gov/>

The warehouse is a data hub of national, state and community health data, indicators, and evidence-based interventions to help users of the hub understand community-level health and healthcare system performance as well as opportunities for performance improvement.

Topics include the following: Chronic disease and conditions; Demographics; Disabilities; Geography; Health behaviors; Health care resources; Health outcomes; Health risk factors; Hospital referral region; Injury and violence; Maternal and infant health; Mental health and substance abuse; Occupational health and safety; Oral health; Physical environment; Prevention; Public health infrastructure; and Social determinants of health.

(Abstract adapted from HHS)

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

Available at: <http://minorityhealth.hhs.gov/templates/opac.aspx>

Searchable catalog of books, reports, journal articles, audiovisual resources, and organizations that address racial and ethnic minority health issues.

APPENDIX IV: Selected Reference Resources

U.S. Department of Health and Human Services, Health Resources and Services Administration. **Transforming the Face of Health Professions Through Cultural and Linguistic Competence Education: The Role of HRSA Centers of Excellence.** 2005.

Available at: <http://www.hrsa.gov/culturalcompetence/cultcompedu.pdf>

Curriculum guide includes extensive materials and recommendations related to the design and implementation of cultural competency education.

Topics include:

- (1) Guiding principles and goal of cultural competency education;
- (2) Strategies for successful implementation;
- (3) Establishing a curriculum framework; and
- (4) Guidance on curriculum content.

APPENDIX V: Health Disparities Research Academic Centers in Maryland

Johns Hopkins University

Center for American Indian Health

Johns Hopkins School of Public Health
621 N. Washington Street
Baltimore, MD 21205
(410) 955-6931

Website: <http://www.jhsph.edu/research/centers-and-institutes/center-for-american-indian-health/>

Hopkins Center for Eliminate Cardiovascular Health Disparities

Johns Hopkins School of Medicine
2024 E. Monument Street, Suite 2-500
Baltimore, Maryland 21287
(410) 614-2412

Website: <http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-to-eliminate-cardiovascular-health-disparities/>

Hopkins Center for Health Disparities Solutions

Johns Hopkins Bloomberg School of Public Health
Department of Health Policy and Management
624 N. Broadway, Suite 441
Baltimore, MD 21205
(410) 614-5983

Website: <http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-health-disparities-solutions/index.html>

Hopkins Center to Reduce Cancer Disparities

East Baltimore Medical Center
1000 East Eager Street
Baltimore, MD 21202
(443) 287-3564
(410) 955-2464

Website: http://www.hopkinsmedicine.org/kimmel_cancer_center/centers/community_outreach/cancer_disparities_center.html

[Return to Start of Appendix](#)

APPENDIX V: Health Disparities Research Academic Centers in Maryland

Morgan State University

National Center for Health Behavioral Change

Urban Medical Institute/Morgan State University
Jenkins Behavioral Science Bldg. - Room 337
1700 E. Cold Spring Lane
Baltimore, Maryland 21251
(410) 383-5167
(410) 382-9888

Website: http://www.morgan.edu/Academics/Special_ProgramsCenters/National_Center_For_Health_Behavioral_Change.html

Institute for Urban Research

Morgan State University
Montebello Complex D Wing - Room 216
1700 E. Cold Spring Lane
Baltimore, Maryland 21251
(443) 885-4800
(443) 885-3004

Website: http://www.morgan.edu/Academics/Special_ProgramsCenters/Institute_for_Urban_Research.html

Uniformed Services University of the Health Sciences

Uniformed Services University Center for Health Disparities

Bldg B, Room 1022B
4301 Jones Bridge Road
Bethesda, MD 20814
(301) 295-1498

Website: <http://www.usuhs.mil/chd/whoware.html>

APPENDIX V: Health Disparities Research Academic Centers in Maryland

University of Maryland

Herschel S. Horowitz Center for Health Literacy

University of Maryland School of Public Health
2367E SPH Bldg
College Park, MD 20742
(301) 405-0388
Website: http://www.sph.umd.edu/literacy/about_us.cfm

Maryland Center for Health Equity

University of Maryland School of Public Health
3302E SPH Building #255
College Park, MD 20742-2611
(301) 405-8357
Website: <http://www.healthequity.umd.edu/>

Program in Minority Health and Health Disparities Education and Research

University of Maryland School of Medicine
685 W. Baltimore Street, HSF 1-618
Baltimore, MD 21201-1559
(410) 706-1742
Website: <http://medschool.umaryland.edu/minorityhealth.asp>

Authors' Bio-Briefs and Contact Information

Bonnie Braun, PhD, Professor and Family Policy Specialist, is the founding Director and Endowed Chair of the Herschel S. Horowitz Center for Health Literacy at the University of Maryland College Park School of Public Health. She continues as a Faculty Scholar with the Center. Dr. Braun has conducted studies in health literacy of low-income mothers in rural and urban areas. She co-created and teaches a graduate course in health literacy as well as multiple continuing education workshops and presentations. Most of her career, she has been responsible for continuing education of Extension faculty at land-grant universities.

She is currently involved in the creation of a health insurance literacy measurement tool and a teaching curriculum to help educators prepare consumers to understand health insurance plans in response to the Affordable Care Act. She is leading the national dissemination of the measure and curriculum. Dr. Braun has authored multiple curricula.

Dr. Braun is an International Adult and Continuing Education Hall of Fame Inductee.

Bonnie Braun, PhD
Professor, Extension Family Policy Specialist and Health Literacy Faculty Scholar,
University of Maryland College Park, School of Public Health
Department of Family Science and Office of the Dean
1142Z SPH Building
College Park, MD 20742 USA
Phone: (301) 335-4335
Email Address: bbraun@umd.edu

Authors' Bio-Briefs and Contact Information

Olivia Carter-Pokras, PhD, University of Maryland College Park School of Public Health, has conducted health disparities research in Federal government and academia for 3 decades. The previous Director of the Division of Policy and Data in the DHHS Office of Minority Health; Dr. Carter-Pokras has been recognized by the Governor of Maryland, Surgeon General, Assistant Secretary for Health, and Latino Caucus of the American Public Health Association for her career achievements to improve racial/ ethnic data and develop national health policy to address health disparities.

She conducts health assessments of Latinos in close partnership with local government and community based organizations, is PI for NIH-funded cultural competency and oral health projects, and is the evaluation director for the CDC-funded University of Maryland Prevention Research Center.

Dr. Carter-Pokras has published 55 peer-reviewed journal articles, and her research has played a critical role in national recognition of health disparities experienced by Latinos.

Olivia Carter-Pokras, PhD
Associate Professor, University of Maryland College Park, School of Public Health
Department of Epidemiology and Biostatistics,
2234G SPH Building
College Park, MD 20742, USA
Phone: (301) 405-8037
Email Address: opokras@umd.edu

Authors' Bio-Briefs and Contact Information

Carlessia A. Hussein, DrPH, RN, is the Director of the Office of Minority Health and Health Disparities, Maryland Department of Health and Mental Hygiene (DHMH). Dr. Hussein has served as the director of the Maryland State Office of Minority Health and Health Disparities (MHHD) since 2004.

The MHHD is established in state statute with the charge to promote the reduction of ethnic and racial health disparities in Maryland. Dr. Hussein participated on a 2011 Maryland Disparities Workgroup charged with developing actions to reduce health care delivery system disparities.

She also oversees development of the "Maryland Health Disparities Plan" and the "State Health Disparities Data Chartbook. The Chartbook presents minority health and health disparities trends and progress in disease-specific Black vs. White Disparity reduction. Her office funds health disparities demonstration projects in 24 jurisdictions throughout the State.

Her Maryland experience includes administration of the Tobacco Settlement Funds from 2000 through 2010. Dr. Hussein served as President of the National Association of State Offices of Minority Health (NASOMH) during 2011.

Carlessia A. Hussein, DrPH, RN
Director, Office of Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Room 500
Baltimore, MD 21201, USA
Phone: (410) 767-7117
Email Address: carlessia.hussein@maryland.gov

Authors' Bio-Briefs and Contact Information

Monica McCann, MA, MPH is the Workforce Diversity Director for the Office of Minority Health and Health Disparities (MHHD), Maryland Department of Health and Mental Hygiene (DHMH). She is responsible for managing MHHD's initiatives aimed at increasing the diversity and cultural competency of Maryland's healthcare workforce.

She also staffs and participates in the Cultural and Linguistic Competency Workgroups of the Maryland Health Disparities Collaborative and the Maryland Health Quality and Cost Council -- both workgroups are providing assistance to DHMH in implementing the cultural competency and health literacy provisions of the Maryland Health Improvement and Disparities Reduction Act of 2012.

Previously, Ms. McCann was a policy analyst at a national healthcare labor union, and served as a program analyst at the University of California, Los Angeles (UCLA) Center for Research, Education, Training and Strategic Communication on Minority Health Disparities.

Monica McCann, MA, MPH
Workforce Diversity Director, Office of Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Room 500
Baltimore, MD 21201, USA
Phone: (410) 767-6539
Email Address: monica.mccann@maryland.gov

Contact Us and Stay Connected

Learn more about the Primer
and find updated information online:

<http://dhmh.maryland.gov/mhhd/CCHLP>

Contact us if you have questions or comments about the Primer,
or if you find a resource or link that is no longer available:

Minority Health and Health Disparities
Department of Health and Mental Hygiene
201 W. Preston Street, Room 500
Baltimore, MD 21201
<http://dhmh.maryland.gov/mhhd>

Contact us to receive periodic email updates on the Primer:
dhmh.healthdisparities@maryland.gov
410-767-7117

University of Maryland School of Public Health
SPH Building
College Park, MD 20742
www.sph.umd.edu



Like us on Facebook

facebook.com/MarylandMHHD

facebook.com/UMD.SPH



Follow us on Twitter

[@MarylandDHMH](https://twitter.com/MarylandDHMH)

[@UMDPublicHealth](https://twitter.com/UMDPublicHealth)