

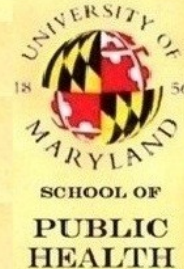
# PRIMER

## Cultural Competency and Health Literacy

A Guide for Teaching Health Professionals and Students



Minority Health and  
Health Disparities  
Maryland Department of Health  
and Mental Hygiene



**Martin O'Malley**, Governor

**Anthony G. Brown**, Lt. Governor

**Joshua M. Sharfstein**, Secretary

Created by

Maryland Department of Health and Mental Hygiene,  
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# Acknowledgements

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## Contributors

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# Introduction

## Who Should Use This Teaching Tool?

- Higher education administrators of health professional degree programs;
- Teachers or curriculum specialists for health professional degree programs;
- Continuing education trainers of health professionals; and
- Policymakers interested in how Maryland legislation tied to cultural competency and health literacy is being implemented.

## What Is the Primer?

A primer is a basic teaching resource guide.

The *Cultural Competency and Health Literacy Primer* is intended to help health professional educators, students, and practicing health professionals to learn how to reduce health disparities and improve health outcomes through culturally-sensitive and effective communication with clients across the health disciplines.

The *Primer* is intended to serve as a resource guide for Maryland's health professional educators, students, and practicing health professionals. The aim is to provide users with a conceptual framework, along with sufficient content and resources, to enable them to integrate cultural and health literacy competency into everyday healthcare practice.

The *Primer* can be used to supplement discipline-specific cultural competency curricula that may currently exist.

## Why Is the Primer Needed Now?

Maryland law enacted in 2012 now requires institutions of higher education with health profession degree programs to report on how their programs are incorporating cultural competency and health literacy into the curriculum.

The Cultural Competency and Health Literacy – Education Act calls for development of courses with cultural competency, cultural sensitivity, and health literacy content designed to address the problem of racial and ethnic disparities. The Education Act also strongly recommends the same for Maryland's health professional associations.

Given an increasingly diverse population and the current momentum toward improving the cultural and health literacy competency of healthcare providers, and to reduce health disparities in Maryland and around the nation, the timing is right for a Primer.

Increased efforts to improve the individual-level, cultural and health literacy competency of health professionals, and the systems in which they practice, will play a major role in improving healthcare consumer satisfaction, improving health outcomes, reducing the costs of care, and reducing health care disparities among Maryland's residents.

Toward this end, we have designed the *Primer* to serve as a supplementary teaching resource for health professions schools and students, as well as a continuing education training resource for Maryland's health occupations boards, health professional associations, and health care facility staff.

A recent review of cultural competency education in Maryland health professional schools found significant variation in the content and manner in which cultural competence education for health professionals is offered.

Moreover, an estimated one-third of graduating medical students have not had experience related to cultural awareness and cultural competence during medical school.<sup>1</sup>

Recent studies of other health professionals in training have found that their competencies are also limited.

Specific under-addressed areas in health professional education include: Community Strategies, Health Disparities, and Bias and Stereotyping — the focus of three modules included in the *Primer*.

### **Why a Joint Cultural Competency and Health Literacy Primer?**

A review of existing educational materials revealed that:

- A teaching guide that incorporates both cultural and health literacy competency does not exist; and
- A teaching guide for multiple health professions does not exist.

In their article, *What Do Health Literacy and Cultural Competency Have in Common?*,<sup>2</sup> the authors present the case that both fields share the common goal of improved health outcomes through achieving health equity by reducing health disparities.

Each field is based on a body of knowledge, and both have an emerging set of competencies for health professionals. Yet, the two bodies of knowledge and practice exist separately.

The separate nature of the two fields presents a challenge for educators of students and practicing professionals across all health profession disciplines as they compete for time and attention in already tight curricula.

The University of Maryland School of Public Health launched a graduate course in health literacy in the fall of 2010. The concept of, and need for, an integrated approach to cultural competency and health literacy emerged at the University of Maryland School of Public Health and Center for Health Literacy.

In fall 2010, the Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities, initiated a partnership with the University of Maryland School of Public Health to co-create the *Cultural Competency and Health Literacy Primer*.

<sup>1</sup> Association of American Medical Colleges. *Medical School Graduation Questionnaire: 2011 All Schools Summary Report*. October 2011. Available at: <https://www.aamc.org/download/263712/data/gq-2011.pdf>

<sup>2</sup> Lie D, Carter-Pokras O, Braun B, Coleman C (2012): *What Do Health Literacy and Cultural Competence Have in Common? Calling for a Collaborative Health Professional Pedagogy*. *Journal of Health Communication: International Perspectives*, 17:sup3, 13-22.

The Primer was developed with input from experts in the fields of cultural competency and health literacy, along with practitioners and current educators in multiple health profession disciplines.

We hope that you will find the Primer to be a useful resource for your teaching and curriculum development needs.

## How Does the Primer Relate to Current National and State Health Initiatives?

The premise for this guide is substantiated by several on-going developments, including:

- 1) *Healthy People 2020*, which provides a comprehensive outline of national health promotion and disease prevention goals and objectives 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.  
  
In particular, there are objectives that focus on improving health literacy and increasing the proportion of persons who are satisfied with their health providers' communication skills.
- 2) The *2010 Patient Protection and Affordable Care Act*, which supports research, demonstration projects, and model curricula for cultural competency, and inclusion of cultural competency and health literacy training in primary care, dentistry and dental hygiene training programs.
- 3) *Maryland's Health Care Reform Coordinating Council*, which recommends the promotion of cultural competency and health literacy training as a strategy to improve health professional licensure and to address healthcare disparities in the State's health reform implementation activities.

- 4) Maryland's 2009 statute, *Cultural and Linguistic Health Care Provider Competency Program* (revised in 2012), which aims to encourage development of training programs focused on teaching healthcare providers 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.
- 5) Maryland's *Cultural Competency and Health Literacy-Education* statute (enacted in 2012), which amended and reenacted a 2008 statute that requires institutions of higher education with health profession degrees to report on courses they are offering to address both cultural and linguistic competency and health literacy.

The act calls for development of courses with cultural competency, sensitivity and health literacy designed to address the problem of racial and ethnic disparities.



- 6)** The *Maryland Health Improvement and Disparities Reduction Act of 2012*, which seeks to reduce health disparities, increase access to care and better health outcomes among underserved communities, and reduce health care costs.

The statute comprises several cultural competency provisions, including the establishment of a workgroup to recommend appropriate cultural competency assessment and reporting standards for Maryland providers and health care settings, and recommending criteria for health care providers in Maryland to obtain continuing education in multicultural health care as a licensure requirement.

*(Please see Appendix I for further details.)*

- 7)** The *Joint Commission's* revised standards to advance effective communication, cultural competence, and patient-centered care for the hospital accreditation program.

These revised standards are currently in effect.

- 8)** The *CLAS Standards Enhancement Initiative* undertaken by the U.S. Department of Health and Human Services (HHS), Office of Minority Health, to ensure that the national guidelines for culturally and linguistically appropriate services (CLAS) in health care remain "current and appropriate."

- 9)** The HHS *National Action Plan to Improve Health Literacy*, which sets forth several goals and 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."

- 10)** The HHS/National Partnership for Action's *National Stakeholder Strategy for Achieving Health Equity*, which presents a common set of goals and objectives for public and private sector initiatives and partnerships.

The purpose of the partnerships is to help underserved groups reach their full health potential through community-driven approaches to disparities reduction and health equity.

Included among the five goals of the national strategy is a focus on "improve[ing] the cultural and linguistic competency and the diversity of the health-related workforce."

- 11)** Other recent national initiatives and policy frameworks, such as the systems-based *Multicultural Health Care Standards and Distinction Program* (National Committee for Quality Assurance) and "*Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency*" (National Quality Forum).

# How to Use This Guide

The *Cultural Competency and Health Literacy Primer* is intended to serve as a resource guide for health professional educators responsible for teaching of the future workforce or for continuing education of the current workforce.

We designed the guide to provide users with tools and resources to help current and future health practitioners to move beyond merely seeking broad-based knowledge about diverse ethnic cultures and health literacy.

## How Is the Primer Organized?

The Primer's six modules for instruction can be customized to fit different teaching and learning environments. Many concepts overlap and are addressed in multiple modules.

Within each module, learning objectives are displayed by type of competency (K = knowledge; S = skill; A = attitude) and by stage of learning (developmental sequence).<sup>3</sup>

In addition, for each competency, descriptions of supplementary teaching resources are listed by the following categories:

- Web-based curriculum and training modules
- Case studies (print and video format)
- Videos and webcasts
- Self-guided learning resources
- Clinical and field application resources

The *Primer* uses a framework called *Resource Map: Promoting Health through the Patient/Client's Worldview*.

The framework of modules and learning objectives represent a core set of knowledge, skills, and attitude competencies derived from an analysis of both the "Tool for Assessing Cultural Competence Training" (TACCT) developed by the Association of American Medical Colleges and further refined by Lie and others,<sup>4</sup> and the health literacy competencies identified by Coleman and others.<sup>5</sup>

*[Please refer to the methodology section for additional details about how the core competencies were derived.]*

Due to copyright protections, and general professional courtesy, users of the *Primer* should be mindful of the need to request permission from the authors of the individual resources contained in the modules, prior to using the material with learners.

In addition, all adapted materials should be properly attributed to the authors of the original resource.

<sup>3</sup> Each learning objective is associated with a particular developmental sequence or learning stage: *Novice* = Pre-clinical training; *Intermediate* = Supervised clinical interaction; *Advanced* = Clinical interaction with limited supervision

<sup>4</sup> 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: [www.med-ed-online.org](http://www.med-ed-online.org)

<sup>5</sup> Coleman, Hudson, Maine, Culbert. *Health Literacy Competencies for Health Professionals: Preliminary results of a Modified Delphi Consensus Study (In Preparation)*.

# How to Use This Guide

Resources that are included in the Primer's six modules are currently undergoing a standardized review process.

The review process is being administered by the *Primer's* authors who are from the University of Maryland, School of Public Health. Upon completion of this review process, the inclusion and placement of individual resources within the modules may be revised in future iterations of the Primer.

Additional revisions will occur as new resources are identified for specific learning objectives that currently lack appropriate and accessible teaching resources. All revisions and updates will be reflected on the *Primer* website, <http://dhmh.maryland.gov/mhhd/CCHLP>.

## What Cultural Competency and Health Literacy Competencies Should Health Professionals Master?

Cultural competency embodies more than just a narrow view of culture (i.e., ethnicity, language, traditions, beliefs) but also includes social, economic, and other determinants of health and equity—all of which are factors that interact with each other as well as with the biology and physical environment of the individual to impact his or her health status.

Health literacy is yet another factor that impacts health. In turn, these factors can themselves also be impacted by the health status of the individual and his or her level of access to and experiences with the healthcare delivery system.

Although demonstration of knowledge, skills and attitudes related to cultural and health literacy competencies are essential for effective cross-cultural understanding, communication, and delivery of patient-centered care, they are not discrete technical skills that can be acquired through a specified number of training sessions.

Rather, these are competencies that are developed over the life course of a health practitioner who desires to provide the highest possible quality of care to patients and clients.

### ***By being mindful of this, health practitioners can seek out appropriate resources that can assist in learning to:***

- Become more cognizant of their own cultural orientation (both personal and professional) and its effect on interactions with patients/clients;
- Communicate more effectively with patients and clients;
- Conduct comprehensive medical histories that also include health literacy, social, economic, and cultural identity factors that are of significance to the patient/client's perception of his or her health status and ability to adhere to prescribed prevention and treatment regimens;
- Negotiate development of care management and treatment plans that take into consideration the different individual, family and community-level variables that affect, and are affected by, the individual patient/client's life and health experiences; and
- Implement clinical strategies that effectively reduce disparities in healthcare among population groups.

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Although knowledge of larger ethnic group “cultural clues” (“do’s and don’ts”) is used in some instances as a starting point for initiating communication with patients/clients of diverse backgrounds, care must be taken to avoid relying on these broad cultural statements when attempting to understand the particular context of a patient/client’s health concerns.

Otherwise, the result may be stereotyping of the patient/client by the practitioner, which can lead to bias and further disparities in care.

Because health literacy of patients/clients and of providers is a relatively recent concept, both educators and their students need appropriate competencies in this area.

At the heart of the cultural and health literacy competency development process is the need for practitioners to acquire and hone interpersonal skills that will enable him or her to empathize and engage with patients and clients in a way that promotes health and healing in a context that is comfortable for the individual patient/client.

Engagement with patients and clients must be based around the particular cultural and health literacy variables that impact a patient/client’s healthcare experiences and interaction with the healthcare system.

Practitioners should be able to ask and answer such questions as:

- What is the individual patient/client’s perception of health?
- How are his or her particular health concerns managed within the context of family and community?

Acknowledgement of such “local world” and individual experiences requires both an awareness of variance and diversity within broader population group cultures and the interpersonal skills to become privy to the patient/client’s local-world experiences.

# RESOURCE MAP:

## Promoting Health Through the Patient/Client's Worldview

*(Overview Framework of Modules and Core Learning Objectives  
in Cultural Competency and Health Literacy)*

### Module 1: Health Disparities

Core Learning Objectives <sup>1</sup>	Developmental Sequence <sup>2</sup>	Page
<b>K1.</b> Define Race, Ethnicity, Culture, Health Literacy, and Health Disparities	Novice	22
<b>K2.</b> Identify national and local patterns of data on health disparities and health literacy	Novice-Intermediate	25
<b>K3.</b> Acknowledge barriers to eliminating health disparities (e.g., poverty, lack of health insurance, limited health literacy, limited education, and other social determinants of health)	Novice-Intermediate	29
<b>S1.</b> Elucidate the epidemiology of disparities	Novice	34
<b>S2.</b> Critically appraise literature on disparities	Novice	35
<b>S3.</b> Gather and use local data to support Healthy People 2020	Novice-Intermediate	36
<b>A1.</b> Recognize disparities amenable to intervention	Novice	36
<b>A2.</b> Value eliminating disparities	Novice	36
<b>A3.</b> Express the attitude that it is the health care professional's duty to elicit and ensure patients' best possible understanding of their health care	Novice-Intermediate	36

<sup>1</sup> **Types of Learning Objectives/Competencies:** K: Knowledge; S: Skill; A: Attitude

<sup>2</sup> **Developmental Sequence:** Novice: Pre-clinical training; Intermediate: Supervised clinical interaction; Advanced: Clinical interaction with limited supervision

# RESOURCE MAP:

## Promoting Health Through the Patient/Client's Worldview

### Module 2: Community Strategies

Core Learning Objectives <sup>1</sup>	Developmental Sequence <sup>2</sup>	Page
<b>K1.</b> Understand population health variability factors	Novice	41
<b>K2.</b> Describe challenges in cross-cultural communication	Intermediate	44
<b>K3.</b> Describe community-based elements and resources for helping patients improve health status and general literacy skills	Intermediate	49
<b>K4.</b> Identify community beliefs and health practices	Intermediate	49
<b>S1.</b> Discuss and describe methods to collaborate with communities to address needs	Intermediate	50
<b>S2.</b> Describe methods to identify community leaders	Intermediate	51
<b>S3.</b> Propose a community-based health intervention	Intermediate	52
<b>A1.</b> Describe how to address social determinants of health	Novice-Intermediate	58

### Module 3: Bias and Stereotyping

Core Learning Objectives <sup>1</sup>	Developmental Sequence <sup>2</sup>	Page
<b>K1.</b> Identify how race and culture relate to health	Novice-Intermediate	63
<b>K2.</b> Identify potential provider bias and stereotyping, including assumptions related to health literacy	Novice-Intermediate	65
<b>S1.</b> Show strategies to reduce bias in others	Novice-Intermediate	68
<b>S2.</b> Demonstrate strategies to address/reduce bias, including implementing principles of patient communication	Intermediate	69
<b>S3.</b> Describe strategies to reduce health professional bias	Intermediate	71
<b>A1.</b> Value historical impact of racism	Novice-Intermediate	72

# RESOURCE MAP:

## Promoting Health Through the Patient/Client's Worldview

### Module 4: Effective Communication Skills

Core Learning Objectives <sup>1</sup>	Developmental Sequence <sup>2</sup>	Page
<b>K1.</b> Describe cross-cultural communication, cultural competency and health literacy models and the potential interactions between culture and health literacy in patient/client-provider communication	Novice	76
<b>K2.</b> Recognize patients' spiritual and healing traditions and beliefs	Novice-Intermediate	81
<b>S1.</b> Elicit a cultural, social and medical history in the encounter interview in a non-shaming and non-judgmental manner	Novice-Intermediate	100
<b>S2.</b> Assess and enhance adherence, using general and cross-cultural patient/client communication models, health literacy tools, and other health professional assessment tools as appropriate in a non-shaming and non-judgmental manner	Intermediate	101
<b>S3.</b> Elicit patient's/client's full set of concerns and other appropriate information in a patient/client- or family-centered, nonjudgmental context at the outset of the encounter	Intermediate	117
<b>S4.</b> Use negotiating and problem-solving skills in conjunction with general and cross-cultural patient/client communication skills to negotiate a mutual agenda with patient at outset of encounter	Intermediate	125
<b>S5.</b> Practice a "universal precautions" approach with all patients/clients	Advanced	130
<b>A1.</b> Respect patients'/clients' cultural beliefs	Novice-Intermediate	132
<b>A2.</b> Listen nonjudgmentally to health beliefs	Novice-Intermediate	132
<b>A3.</b> Express the attitude that effective communication is essential to the delivery of safe, high quality health care	Advanced	133
<b>A4.</b> Express a non-judgmental, non-shaming and respectful attitude toward individuals with limited literacy (or health literacy) skills	Advanced	134

# RESOURCE MAP:

## Promoting Health Through the Patient/Client's Worldview

### Module 5: Use of Interpreters

Core Learning Objectives <sup>1</sup>	Developmental Sequence <sup>2</sup>	Page
<b>K1.</b> Describe functions of an interpreter	Novice-Intermediate	146
<b>K2.</b> List effective ways of working with an interpreter	Novice-Intermediate	147
<b>S1.</b> Demonstrate ability to orally communicate accurately and effectively in patients' preferred language, including identifying and collaborating with an interpreter when appropriate	Intermediate	150

### Module 6: Self-Reflection and Culture of Health Professions

Core Learning Objectives <sup>1</sup>	Developmental Sequence <sup>2</sup>	Page
<b>K1.</b> Describe the provider-patient power imbalance	Novice	153
<b>S1.</b> Engage in reflection about own beliefs	Novice	154
<b>S2.</b> Recognize institutional cultural issues, including issues related to general patient communication	Intermediate	158
<b>S3.</b> Use reflective practices in patient care	Intermediate	164
<b>A1.</b> Value the need to address personal bias	Novice-Intermediate	164
<b>A2.</b> Express attitude that it is a responsibility of all members of the healthcare team to be trained and proactive in addressing the communication needs of patients	Advanced	165



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# U.S. Department of Health and Human Services

## Web-based Training Resources

### Training Modules and Video Case Studies:

U.S. Department of Health and Human Services, Health Resources and Services Administration. **Effective Communication Tools for Healthcare Professionals** (formerly titled Unified Health Communication).

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

HRSA has developed a unique approach to effective health communication that integrates communication between providers and patients. This free course is now six hours in length and includes updated materials for all five course modules. Based on feedback from the provider community, updates include more ethno-cultural specific information (on ethnic, LGBT and disability populations) as well as the most current health literacy, cultural and linguistic competency references. The course is accredited by a number of organizations, including American Academy of Family Physicians (6 CME), as well as American Board of Family Medicine's Maintenance of Certification for Family Physicians (MC-FP) Part IV credit.

U.S. Department of Health and Human Services, NIH/National Center for Complementary and Alternative Medicine. **Complementary and Alternative Medicine Online Continuing Education Series.**

Available at: <http://nccam.nih.gov/training/videolectures/>

Available courses in the series include:

- CAM research
- Herbs and other dietary supplements
- Mind-body medicine
- Evidence-based assessment of acupuncture
- Manipulative and body-based therapies
- CAM and aging
- Integrative medicine
- Health and spirituality
- Studying the effects of natural products
- Neurobiological correlates of acupuncture

Free continuing education credits are available for physicians and nurses. The courses include a video lecture and transcript, question and answer transcript, online test, and resource links.

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# U.S. Department of Health and Human Services

## Web-based Training Resources

### Training Modules and Video Case Studies:

U.S. Department of Health and Human Services, Office of Minority Health.  
**A Family Physician's Practical Guide to Culturally Competent Care:  
Curriculum Modules.**

Available at: <http://www.medicalleadership.org/downloads/Family-Physicians-Guide.pdf>

Curriculum is designed for both self-study and group learning. The resource includes a pre-test and is organized into the following modules, which each have an accompanying post-test:

- Overview of culturally competent care
- Cultural competency development
- Patient-centered care and effective communication
- Importance of language access services
- Models to provide language access services
- Working effectively with an interpreter
- Importance of the care environment/setting
- Assessing the community
- Building community partnerships

U.S. Department of Health and Human Services, Office of Minority Health.  
**A Physician's Practical Guide to Culturally Competent Care.**

Available at: <https://www.thinkculturalhealth.hhs.gov/Content/ContinuingEd.asp>

The self-directed training courses are geared toward a variety of health care professionals and cover the following themes: 1) Culturally Competent Care; 2) Language Access Services; and 3) Organizational Supports.

The course contains a variety of self-assessments, case studies, video vignettes, learning points, pre- and post-tests, and the opportunity to submit feedback and to find out what other participants think about the cases and content. Continuing education credits are available.

*(Abstract adapted from HHS Office of Minority Health)*

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# U.S. Department of Health and Human Services

## Web-based Training Resources

### Training Modules and Video Case Studies:

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

**Cultural Competency Curriculum for Disaster Preparedness and Crisis Response.**

Available at: <https://www.thinkculturalhealth.hhs.gov/Content/ContinuingEd.asp>

A set of courses that is designed to integrate knowledge, attitudes, and skills related to cultural competency in order to help lessen racial and ethnic health care disparities brought on by disaster situations. The courses target emergency medical personnel, disaster mental health and social workers, public health service officers, and disaster relief organization employees who have the unique opportunity to help improve access to care, quality of care, and health outcomes for racial and ethnic minority individuals in a disaster situation.

Throughout the curriculum, a broad range of skills are introduced and shown in real-life scenarios, such as: working with an interpreter, locating translated materials, negotiating cultural differences, and implementing the CLAS Standards into organizational policy. Continuing education credits are available.

*(Abstract adapted from HHS Office of Minority Health)*

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

**Culturally Competent Nursing Care: A Cornerstone of Caring.**

Available at: <https://www.thinkculturalhealth.hhs.gov/Content/ContinuingEd.asp>

The self-directed training modules are designed to improve nurses' knowledge of cultural competency issues, and to enhance their capacity to provide culturally-competent care. Each module includes case studies and video clips of cultural situations experienced by nurses in the field; data and research related to diverse populations and cultural competency issues; self-reflection questions; and examples of creative ways to implement National CLAS Standards at the frontline of patient care.

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

**Specialty Education and CLAS Modules.**

Available at: <https://www.thinkculturalhealth.hhs.gov/Content/ContinuingEd.asp>

A series of brief, video-based case studies focused on cultural competency for a variety of medical specialty topics, including pediatrics, obstetrics/gynecology, and surgery. Must register on website in order to access the videos.

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