MCHB/DRTE November 2005 Webcast

"MCHB/DRTE's Cultural Competency Modules“

November 09, 2005

Speaker

Madhavi Reddy, MSPH

Speaker

Laura Kavanagh, MPP

Webcast for the
Division of Research Training and Education

Maternal and Child Health Bureau

Health Resources and Services Administration

Tawara D. Goode & Clare Dunne
National Center for Cultural Competence

November 9, 2005

Georgetown University Center for Child & Human Development
University Center for Excellence in Developmental Disabilities

NCCC Mission

The mission of the National Center for Cultural Competence is to increase the capacity of health care and mental health care programs to design, implement and evaluate culturally and linguistically competent service delivery systems.

Slide Source: The National Center for Cultural Competence, 2005

About the NCCC

The NCCC places a major emphasis on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education and advocacy.

Slide Source: The National Center for Cultural Competence, 2005

About the NCCC

Four approaches to fulfill its mission

- Web-based technical assistance
- Knowledge development and dissemination
- Supporting a “community of learners”
- Collaboration and partnerships with diverse constituency groups

Slide Source: The National Center for Cultural Competence, 2005

About the NCCC

The four approaches entail the provision of:

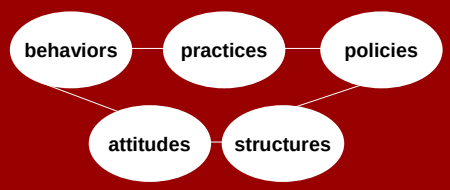
- training
- technical assistance and
- consultation

and are designed to facilitate networking, linkages, and information exchange.

Slide Source: The National Center for Cultural Competence, 2005

Cultural and Linguistic Competency Definitions & Frameworks

Cultural Competence

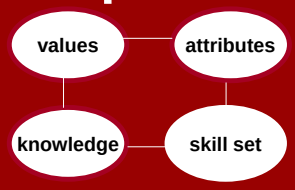


requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally

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

Slide Source: The National Center for Cultural Competence, 2005

Competence



requires values, attributes, knowledge and a skill set to work effectively cross-culturally.

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

Slide Source: The National Center for Cultural Competence, 2005

Five Elements of Cultural Competence

Organizational Level

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

(Cross, Bazron, Dennis and Isaacs, 1989)

Slide Source: The National Center for Cultural Competence, 2005

Five Elements of Cultural Competence

Individual Level

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

(modified Cross, Bazron, Dennis and Isaacs, 1989)

Slide Source: The National Center for Cultural Competence, 2005

ESSENTIAL ELEMENTS IN A CULTURALLY COMPETENT SYSTEM

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

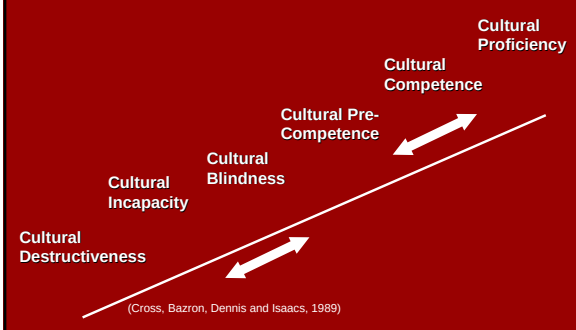
- policy makers
- administration
- faculty & staff
- students
- community

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

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

Slide Source: The National Center for Cultural Competence, 2005

CULTURAL COMPETENCE CONTINUUM



(Cross, Bazron, Dennis and Isaacs, 1989)

Slide Source: National Center for Cultural Competence, 2005

Poll question

Based on this framework of cultural competence, where would you place your training program on a scale of 1 to 5?

1 = not working on it
2
3
4
5 = fully incorporated into all aspects of the training program

Linguistic Competence

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

Goode & Jones, Revised 2004, National Center for Cultural Competence

Slide Source: National Center for Cultural Competence, 2005

About the Curricula Enhancement Module Series

Support for the Curricula Enhancement Module Series

The curricula enhancement module series was developed by the National Center for Cultural Competence through a cooperative agreement with the Division of Research, Training and Education (DRTE), Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

Slide Source: The National Center for Cultural Competence, 2005

Overview & Highlights of the Curricula Enhancement Module Series

- Intended Purpose & Audience
- Information on registered users to date
- Highlights from the first electronic surveys

Slide Source: The National Center for Cultural Competence, 2005

Curricula Enhancement Module Series

- ☑ Cultural Competence Self-Assessment launched May, 2004
- ☑ Public Health in a Multicultural Environment launched October, 2004
- ☑ Process of Inquiry – Communicating in a Multicultural Environment launched July, 2005
- ➔ Cultural Awareness expected launch Spring, 2006

Slide Source: The National Center for Cultural Competence, 2005

Intended Purpose and Audience

The goal of the series is to increase the capacity of DRTE-funded programs to incorporate principles and practices of cultural and linguistic competence into all aspects of their leadership training.

http://www.nccccurricula.info/index.html

Slide Source: The National Center for Cultural Competence, 2005

Designed for all DRTE-funded Programs

- Adolescent Health
- Collaborative Office Rounds (COR)
- Communication Disorders
- Continuing Education
- Developmental-Behavioral Pediatrics
- Distance Learning
- Graduate Medical Education and Summer Mentors
- LEND MCH Certificate
- Nursing
- Nutrition
- Pediatric Dentistry
- Pediatric Pulmonary Centers
- Schools of Public Health
- Social Work

Slide Source: The National Center for Cultural Competence, 2005

Brief Overview of Module Series

- **Each module can be viewed online or printed**
- **Each module has:**
  - **Overview and Purpose;**
  - **Cultural and Linguistic Competence: Rationale, Conceptual Frameworks, and Values and**
  - **General resources for the entire series, including definitions, a glossary, journal articles, multimedia resources (e.g. videos, websites)**
  - **Vignettes and exercises**
  - **Areas of awareness, knowledge and skills**
  - **Resources specific to that module**

Slide Source: The National Center for Cultural Competence, 2005

Web Statistics for Curricula Enhancement Module Series

May 2004 - October 2005

Unique Visitors	=	9,530
Return Visitors	=	13,431
Total Visitors	=	22,960
Total "Hits"	=	211,322

Slide Source: The National Center for Cultural Competence, 2005

Highlights from Preliminary Data Analysis of Curricula Enhancement Module Series Registrants

- **1,140** registrants from 5/30/04 – 10/24/05
- Of these, **369** (32%) were from DRTE-funded Programs

Slide Source: The National Center for Cultural Competence, 2005

Highlights from Preliminary Data Analysis of Curricula Enhancement Module Series Registrants

- Participation from all program categories
- Top representation from
  - Nursing = 29%,
  - Social Work = 21%
  - Continuing Education = 12%

Slide Source: The National Center for Cultural Competence, 2005

Highlights from Preliminary Data Analysis of Curricula Enhancement Module Series Registrants

TRENDS

- ☑ The majority of registrants identified their role as faculty. Categorical listings follow:
  - Faculty = 36%
  - Administrators = 21%
  - Other = 19%.
- ☑ Recent trends show a rise in students, currently = 14%

Slide Source: The National Center for Cultural Competence, 2005

Highlights from Preliminary Data Analysis of Curricula Enhancement Module Series Registrants

TRENDS

Most frequently cited purposes of use were

- personal learning = 47%
- other = 22%
- required by accreditation or other mandate =19%
- faculty development = 19%

Slide Source: The National Center for Cultural Competence, 2005

Highlights from Preliminary Data Analysis of Curricula Enhancement Module Series Registrants

Selected Other Registrants Non DRTE-Funded Programs

- New York Academy of Medicine
- Coalition for Asian American Children and Families
- Louisiana Department of Health and Hospitals
- The California Endowment
- University of Medicine and Dentistry of New Jersey School of Medicine
- Washington State Legislature
- Healthy Families Indiana
- Kansas Department of Health and Environment

Slide Source: The National Center for Cultural Competence, 2005

Highlights from Preliminary Data Analysis of Curricula Enhancement Module Series Registrants

Selected Other Uses of Module or Module Series

- Grant preparation
- To help develop medical home program for children with special needs; other program development
- Training mental health providers
- Advocacy
- Developing curricula
- Research

Slide Source: The National Center for Cultural Competence, 2005

Highlights from Periodic Evaluation Surveys Compiled in February and September 2005

- Evaluation surveys emailed to registrants biannually
- Sample = 935
- 103 completed surveys
- Response rate = 11%.

Slide Source: The National Center for Cultural Competence, 2005

Highlights from Periodic Evaluation Surveys Compiled in February and September 2005

- **98** had reviewed Cultural Self-Assessment module and **40** had reviewed Public Health module.
- **92%** rated the helpfulness of the module or module series as either **4** or **5** on 5-point scale.

Slide Source: The National Center for Cultural Competence, 2005

Highlights from Periodic Evaluation Surveys Compiled in February and September 2005

The most frequently cited uses of the information:

- reference/resource for students or others = 70%
- personal learning = 54%
- to modify existing curricula = 40%.

Slide Source: The National Center for Cultural Competence, 2005

Highlights from Periodic Evaluation Surveys Compiled in February and September 2005

Survey respondents express desire for additional information including:

- Updates
- Tools, questionnaires
- Population-specific information
- Recruitment and retention of minority groups into health careers
- Health care communication with persons with low levels of literacy

Slide Source: The National Center for Cultural Competence, 2005

Poll question

In your opinion, what is the area of greatest need in advancing cultural competence for your training program?

curricula development
address attitudinal barriers
faculty development
recruitment & retention of diverse faculty & students
buy-in from the leadership
other

Technical Assistance Model and Outcomes for a LEND Program

Oregon Health Sciences University

About the NCCC TA Visit

Purpose:

- For CDRC as an organization to commit to the work, process and change for increased cultural competence
- Identify what we are doing well, what we aren't doing that we should be doing, and what we can do better

Slide Source: Presentation by Brian Rogers, MD.. LEND Director, MCHB Partnerships Meeting October 2005

PHOTOS FROM THE TA VISIT

Slide Source: Presentation by Brian Rogers, MD..Director, CDRC & LEND at OHSU, MCHB Partnerships Meeting October 2005

Direct Impact of the NCCC TA Visit

- Knowledge of the diversity within our state broadened
- Internal barriers and challenges were identified
- Identification of small changes that have large impacts

Slide Source: Presentation by Brian Rogers, MD..Director, CDRC & LEND at OHSU, MCHB Partnerships Meeting October 2005

Outcomes in Teaching

- Revised the specific Modules on cultural competency in our LEND curriculum
- Revised the entire curriculum to ensure cultural issues in every module
- Prioritized diversity for recruitment and retention of staff and trainees

Slide Source: Presentation by Brian Rogers, MD..Director, CDRC & LEND at OHSU, MCHB Partnerships Meeting October 2005

Outcomes in Clinical Services

- Recruitment of bilingual staff in key positions
- Continued use of personal interpreters in clinic settings
- Improvement of ethnicity data collection

Slide Source: Presentation by Brian Rogers, MD..Director, CDRC & LEND at OHSU, MCHB Partnerships Meeting October 2005

Outcomes in Administration

- Develop a comprehensive plan to address recruitment (diversity and retention)
- Staff annual performance reviews
- CDRC Multicultural Council
- Importance of cultural competency in our decision-making

Slide Source: Presentation by Brian Rogers, MD..Director, CDRC & LEND at OHSU, MCHB Partnerships Meeting October 2005

Outcomes in Research

- Cultural Competency checklist
- Collaboration on research projects
- High School Minority Projects and Summer Youth Program

Slide Source: Presentation by Brian Rogers, MD..Director, CDRC & LEND at OHSU, MCHB Partnerships Meeting October 2005

CDRC's Next Steps…

- Monitor and celebrate our progress
- Second TA from the NCCC
  1. Strategic plan for organization
  2. Plan of action
  3. Plan of accountability
- Continue to work with NCCC over the next 4 years

Slide Source: Presentation by Brian Rogers, MD..Director, CDRC & LEND at OHSU, MCHB Partnerships Meeting October 2005

Cultural and Linguistic Competency

It's a life's journey …

not a destination

Safe travels!

T.D. Goode
Slide Source: National Center for Cultural Competence, 2005

Modules available at:

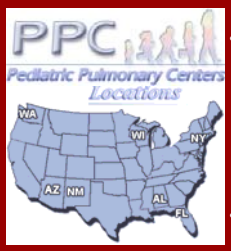
http://www.nccccurricula.info

NCCC 2005

Interdisciplinary Collaboration To Create a Web-Based Cultural Competence Continuing Education Program

Susan Horky, MSW, LCSW

Pediatric Pulmonary Centers



- The mission of the PPCs is to develop interdisciplinary leaders who will improve the health of children with respiratory conditions through the provision of interdisciplinary care.
- Medicine, Nursing, Nutrition, Respiratory Care, Social Work

Cultural Competence Task Force

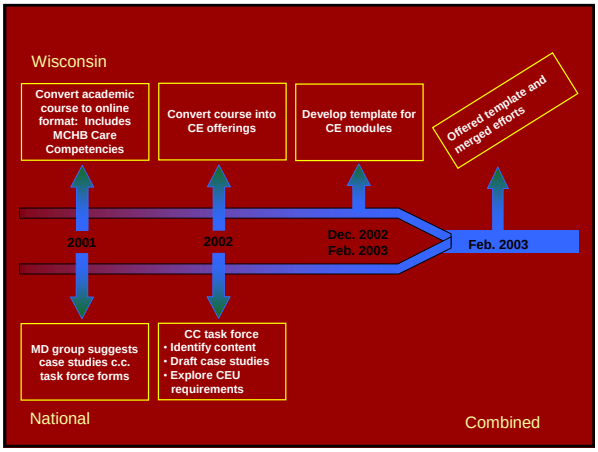
- Susan Horky, LCSW -Chair-Florida PPC
- Craig Becker, MSSW -Wisconsin PPC
- Janet Johnston, RN, CPNP -Alabama PPC
- Meyer Kattan, MD -New York PPC
- Mary Jeanne Phipps, MSW -Seattle PPC
- Betty Pauline Polanco, BA, RRT -Arizona PPC
- Melissa Saperstein, MSW- New York PPC
- Becki Tribby, RN, MSN -Wisconsin PPC

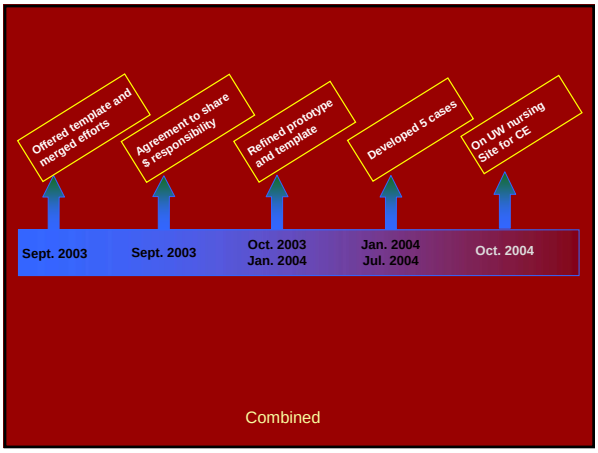
National Center for Cultural Competence

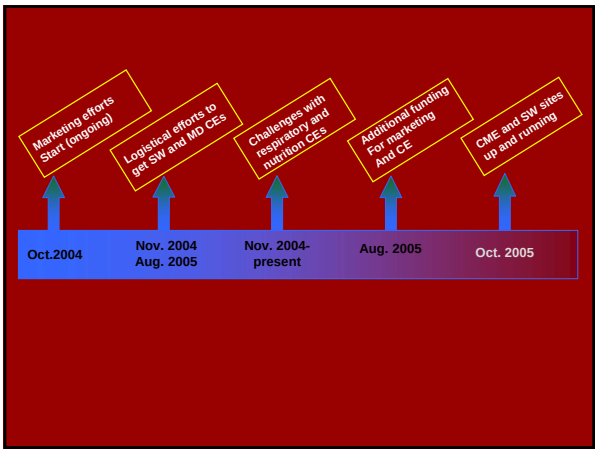
- Tawara Goode, MA
  - *Director*
- Clare Dunne, MSW
  - *Research Associate*
- Wendy Jones, M.Ed., MSW
  - *Director, MCH Projects*

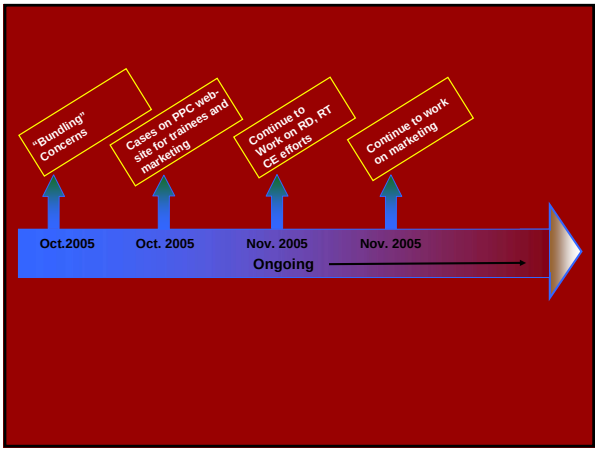
Overview

- Timeline: when and how PPCs worked collaboratively
- Design process:
  - Template for each element
  - Final product of each element
- Overview of cases as a whole
- Lessons learned









Five Cases

1. Core Concepts in Cultural Competence
2. Lanesha Johnson
   - Social and emotional issues of adherence
3. Somali Immigration
   - Interpreter services and limited English proficiency
4. Alejandro Flores
   - Normative values, folk health and wellness beliefs
5. Rivka Cohen
   - Cultural and religious factors that effect medical decision making

Each Case Contains

- **Home page**
- **Lecture**
- **Case Story**
- **Activities**
- **Resources**
- **Quiz**

Communication and Collaboration

- Monthly phone calls
- E-mails
  - Templates
  - Drafts
- Technical support
  - Prototype
  - Revised and refined

1st offering is housed at UWHC School of Nursing

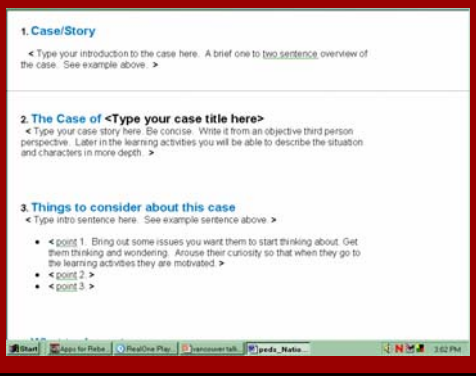
Template Directions

This document serves as a template for you to enter your instructional content for a single case study module. This template incorporates the layout and structure of the Lanesha Johnson prototype module.

To use this template effectively keep in mind the following:

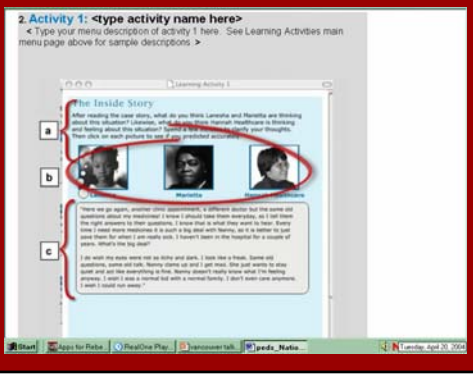
- Enter your content in the provided text fields that are indicated with a **< text >** marker. As you enter your content you can delete any of the instructional text that appears within the **< >** entry field.
- Before you begin, be sure to use the Save As command to save this file in a new descriptive name. Include your name and abbreviated module title as part of your new file name. (ie., Tribby_Case3_Terry_Harper.doc)
- When finished return your completed template file to Becki Tribby via email attachment at: be.tribby@hosp.wisc.edu
- If you have any questions about filling out this template contact Les Howles via email howles@doit.wisc.edu or phone (608-265-5045).

Template for *Case Story* Page

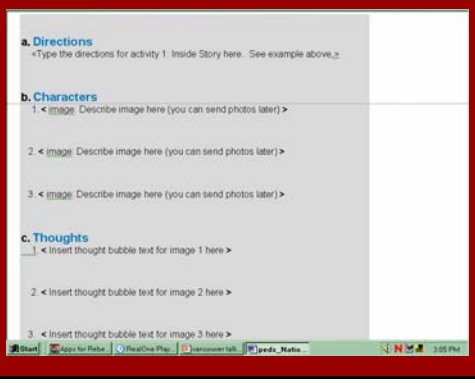


Case Story Page

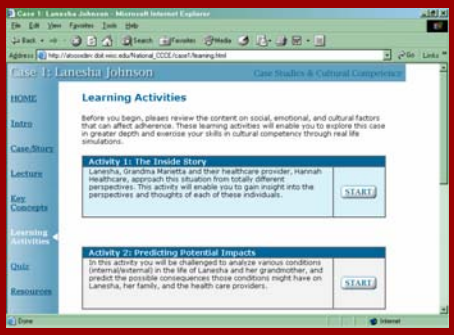
Template for Learning Activity Page



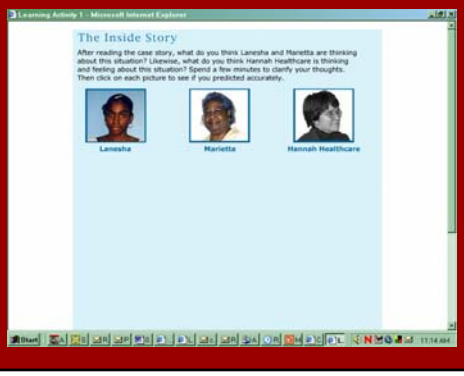
Template for Learning Activity Page



Learning Activities Page

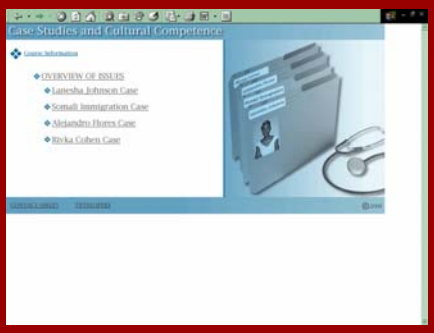


Learning Activity 1

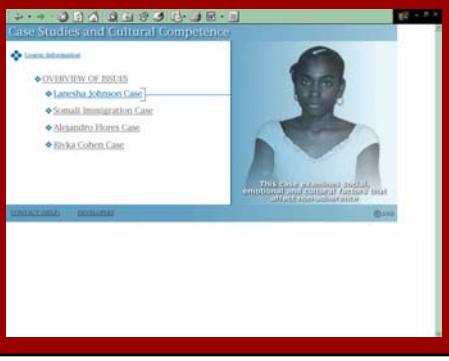


Learning Activity 1

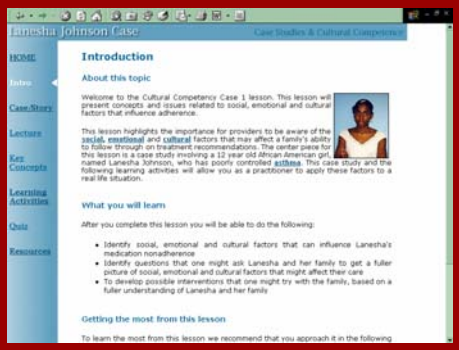
Case Studies Home Page



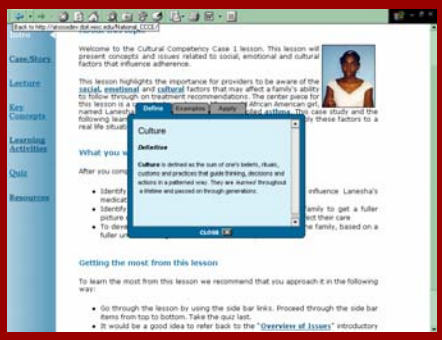
Rollover for Lanesha Case



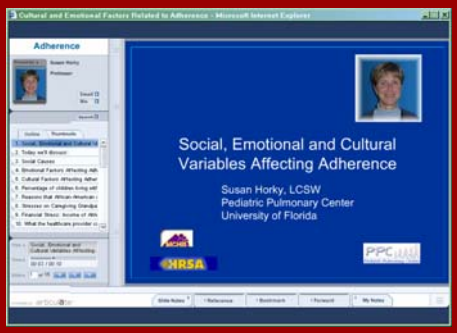
Lanesha Home Page



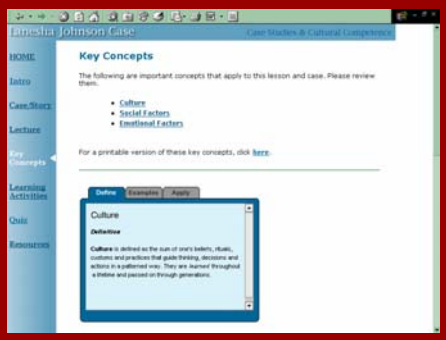
Home Page and Concept Viewer



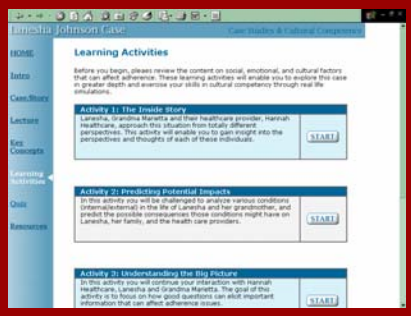
Lecture Page



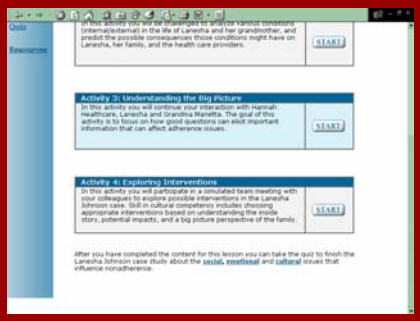
Key Concepts Page



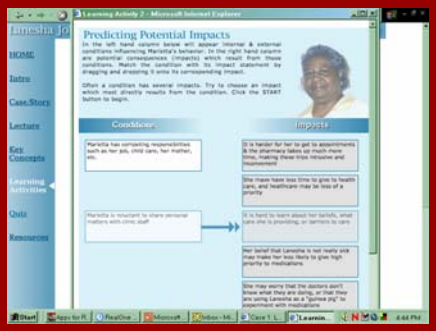
Learning Activities Page 1



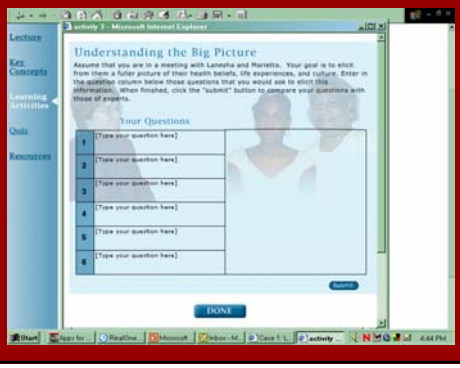
Learning Activities Page 2



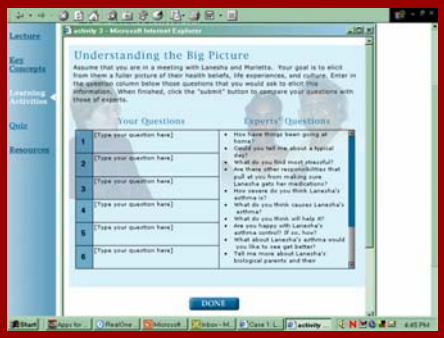
Learning Activity 2



Learning Activity 3

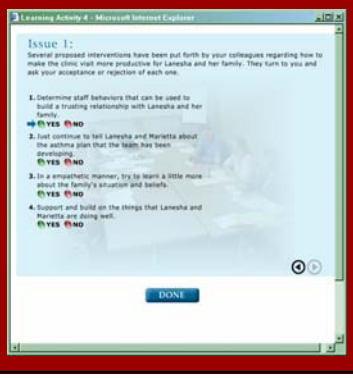


Learning Activity 3



Learning Activity 4

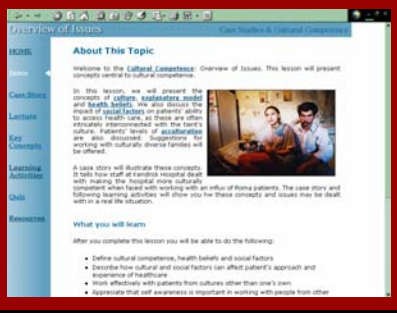
Learning Activity 4



Learning Activity 4

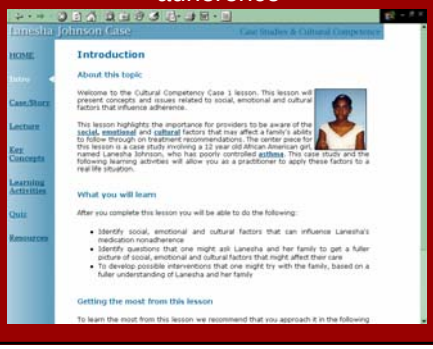
Core Concepts in Cultural Competence

Improving cultural competence at an institutional level



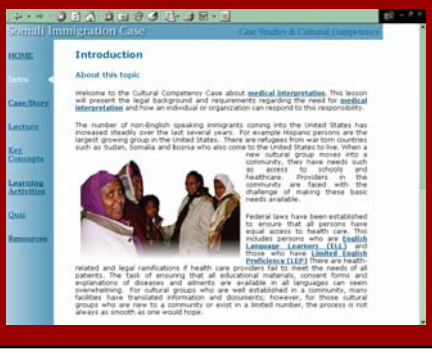
Lanesha Johnson Case

Social, emotional, & cultural influences on adherence



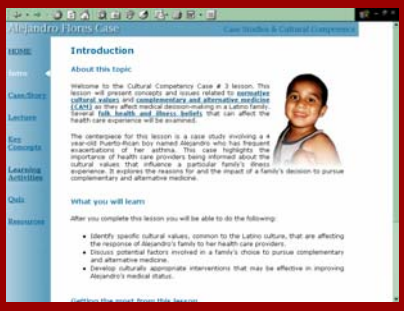
Somali Immigration Case

Medical Interpretation



Alejandro Flores

Normative cultural values, alternative medicine & folk health beliefs



Rivka Cohen

Religious & spiritual beliefs

Summary of Lessons Learned

- This process takes a great deal of time
- This process costs money
- Expect to spin your wheels from time to time
- It was very helpful to use the UW DoIT
- It greatly helped to have one center take the lead in terms of logistics

Website with Cases

- For CMEs**:**
  http://www.cme.uwisc.org
  (then choose “Courses” and “Pediatrics”)
- For Nursing CEUs:
  http://mynursingce.son.wisc.edu/index.pl
- For MCH and other trainees (no cost)

  ttp://ppc.mchtraining.net/custom_pages/national_cc
  ce/