

Cultural Competency: A Growing Need to Better Serve Our Diverse Populations

“Of all the forms of inequality, injustice in health is the most shocking and the most inhuman.”

Rev. Martin Luther King, Jr., Chicago, March 25, 1966

Despite 40 years of social and environmental change that drove health improvements in the US, as we monitor key public health outcomes – infant and maternal mortality, teenage pregnancy, underinsurance and poor access to health care, and the increased prevalence of chronic disease – we see that health disparities and inequities continue to plague our nation. This contributes to our low ranking globally on many key health status indicators.

As the US healthcare system works to confront the disproportionate burden of chronic illness and improve access to quality health care, it is also coping with significant demographic and social changes that have greatly expanded the cultural diversity of the US population. Many factors have influenced the growth of our multi-cultural society, including immigration from Latin America, Africa and Asia, changing sexual norms, and population aging.¹ As a result, healthcare professionals are increasingly serving people with limited English proficiency (LEP) and those whose health beliefs differ from traditional Western culture.¹ This emerging multi-cultural environment can pose significant challenges to providing high quality, effective health services.

Cultural and linguistic competence must be infused in all sectors of healthcare training if we are to attain the Healthy People 2020 goals of achieving health equity and access to all groups.² Cultural competency refers to the health professional's ability to work effectively with individuals and communities from different cultural and ethnic backgrounds.¹ It has been described as a “set of congruent behaviors, attitudes, and policies that come together in a system, agency or profession, enabling it to work effectively in cross-cultural situations”.^{1,3} Cultural competency also includes an awareness

of one's own cultural influences, personal biases and prejudices.

“The acquisition of cultural competency is a process that requires humility, self-reflection and development of sensitivity and acceptance of individual differences to enhance communication between patients, providers, and community members.”⁴

An increasing number of health professions have recognized the importance of cultural competency and have created specific educational programs for their constituents.⁵ These programs include online educational tools for physicians; resources for practicing and academic nurses; standards for culturally relevant assessments; intervention tools for occupational therapists; and public health cultural competency guidelines for graduate education and professional practice.⁶⁻⁹ The US Department of Health and Human Services Office of Minority Health developed a set of recommended standards on culturally and linguistically appropriate services (CLAS) for health care organizations that have been used extensively for much of the decade.¹⁰

In 2007 and 2008, an interprofessional team of TJU faculty developed a pilot course entitled “Cultural Humility and Competence in Health Professions and Population Health.”* The course was designed to provide students with an in-depth understanding of cultural diversity, health disparities and cultural competence; and facilitate students' ongoing development and application of cultural competence skills. Overarching topics included **diversity and health disparities**, which addressed unique stressors experienced by racial /ethnic minorities and other socio-economically disadvantaged groups, and their impact on public health and health outcomes; **students'**

self-reflection on personal values, beliefs and behaviors; and **applications to practice**, which examined standards of culturally competent care, culturally sensitive health communication and health literacy, access to care, and patient-provider partnerships. The course has been designed as an online course with three in-person Saturday sessions accessible to students across disciplines, schools and colleges. Ten graduate students, representing the health disciplines of Occupational Therapy, Public Health, and Physical Therapy completed the initial course during the fall 2008 semester. Students reported that the course added to their knowledge of cultural diversity and provided critical thinking and cross-disciplinary skills. Students also valued the opportunity to develop their own personal and organizational cultural competence plans. The course has been offered for the second time in the fall of 2009 with 13 students representing the disciplines of public health, occupational therapy, and medicine. Sessions were offered in person and online. The results of these two pilot courses will be shared throughout TJU. Ultimately, we hope to expand the course and integrate cultural humility and competence concepts and learning tools into the range of programs at Thomas Jefferson University.

Health and human service professions have clearly recognized the increasingly diverse populations we serve and have developed an expanding array of evidence-based cultural competency tools and resources for professional education. This next decade will provide evidence of whether these innovations in professional development lead to improvements in practice that affect the quality of care to individuals and the populations we serve. ■

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