

# **CULTURAL COMPETENCE I: Why is it important to me?**

South Carolina Speech-Language-Hearing Association  
Columbia, South Carolina

February 12, 2010

## **Kenneth E. Wolf, Ph.D.**

Professor of Otolaryngology  
Associate Dean for Faculty Affairs  
Charles Drew University of Medicine and Science  
Los Angeles, California 90059

Phone: 323-563-4975

FAX: 323-563-5918

E-mail: [kennethwolf@cdrewu.edu](mailto:kennethwolf@cdrewu.edu)

### **ABSTRACT:**

Cultural differences exist between patients, students, providers and health care or educational delivery organizations, and may impact the outcome of service. This first of two presentations will explore why cultural competence is important to every clinician, regardless of their cultural background or that of their students or patients. The influence that culture has on seeking services, as well as the outcomes of service will be explored. Models for providing culturally competent care will be discussed, as will the possible effect on reimbursement from national standards.

### **LEARNER OBJECTIVES:**

1. Describe how the changing demographics of the United States impacts the delivery of health care and educational services
2. Recognize the existence and underlying factors behind health care and education disparities
3. Describe the relationship between the changing demographics and provider shortages

### **SUMMARY:**

Dramatic shifts in the demographic composition of the United States over the last half century, and the explosive growth of minority populations over the last thirty years, has resulted in a society that is becoming increasingly defined by diversity. The influx of people from Asia, Africa, the Caribbean, Central and South America, and the Pacific Islands represents a migratory mosaic that is in striking contrast to the last great migration of the 1890s-1920s, which emanated primarily from Europe. Historically, American culture has been composed of many cultures. However, the social fabric has never been so quilted as it is today with its mixture of race, ethnicity, and national origins.

This first of two presentations will explore the reasons why cultural competence is important to every clinician, regardless of their cultural background or that of their students or patients. The growing body of literature on health care disparities and the 2002 report of the Institute of Medicine, *Unequal Treatment*, will be explored. The relationship between educational disparities and health care disparities will be established. The impact on provider shortages and existing educational programs, along with the critical need for continuing education will be introduced. Beliefs regarding disease, illness, healing will be discussed.

The concept of cultural competency that has become popular in health care delivery, and specifically medicine and medical education will be introduced. Culture and cultural competency will be explored as a process for overcoming barriers to quality services that may occur as a result of cultural differences between patients, students, providers and health care or educational delivery organizations. Discussion will include the impact on educational settings, health care delivery organizations, institutions of higher learning, professional organizations, as well as individual educators, clinicians, staff, administrators and researchers. Although the session will be largely didactic, audience participation and interaction will be encouraged. The didactic presentation will be complimented by small group learning experiences and interactive discussions.

The following will be discussed:

## **I. Introduction and definitions**

- A. Assumptions
- B. Goals
- C. Core definitions

## **II. Changing demography**

- A. Changing Health Care Landscape
- B. Changing Education Landscape

- C. Demands for Quality and Accountability
- D. Evidence-Based Services
- III. Health care disparities**
  - A. Definitions
  - B. Diseases
  - C. Access
  - D. Provider understanding
- IV. Education disparities**
  - A. Primary Grades
  - B. Secondary Grades
  - C. Higher Education
- V. Relationship between Health Care and Education Disparities**
- VI. Provider shortages**
  - A. Comparison with demographics
  - B. Existing pipeline of students
  - C. Solutions
- VII. Introduction to culture**
  - A. Everyone has one
  - B. Definitions
- VIII. Health beliefs and customs**
  - A. Personal belief systems
  - B. Factors influencing our beliefs
  - C. Disease vs. Illness

- D. Working with differences
- E. Stereotype vs. Generalization
- IX. Providing culturally competent care**
  - A. Communication
    - i. Patients
    - ii. Clinicians
  - B. Klienman's questions
  - C. *The Spirit Catches You and You Fall Down*
  - D. Patient-centered care
- X. Professional associations and accrediting institutions**
  - A. JCAHO
  - B. PEW
  - C. AAMC
  - D. ACGME
  - E. ASHA
- XI. Small group activity (time permitting)**
  - A. Awareness exercise
  - B. Family Healing Tradition

# FIRST MEMORY

**Recall the first time you know there was something different about you.  
Draw or sketch a picture to reflect the memory of that experience.**

Mutha, Allen and Welch, 2002.

## **FAMILY HEALING TRADITIONS**

**Describe one or more health beliefs that were practiced in your family.**

**Describe a home remedy that your use or that you learned from your family.**

Mutha, Allen and Welch, 2002.

**CULTURAL COMPETENCE:  
Implications and Expectations for Speech-Language Pathology and  
Audiology**

South Carolina Speech Language Hearing Association  
Columbia, South Carolina

**February 12, 2010**

**Kenneth E. Wolf, Ph.D.**

Professor of Otolaryngology  
Associate Dean for Faculty Affairs  
Charles Drew University of Medicine and Science  
Los Angeles, California 90059

Phone: 323-563-4975

FAX: 323-563-5918

E-mail: [kennethwolf@cdrewu.edu](mailto:kennethwolf@cdrewu.edu)

**RECOMMENDED READINGS:**

**American Speech-Language-Hearing Association.** (2004). Knowledge and skills needed by speech-language pathologists and audiologists to provide culturally and linguistically appropriate services. *ASHA Supplement, 24*.

**American Speech-Language-Hearing Association.** (2005). Cultural Competence. *ASHA Supplement, 25*, 1-2.

**American Speech-Language-Hearing Association.** (2006). *Self-Assessment for Cultural Competence*. Retrieved 01-07-10, from <http://www.asha.org/practice/multicultural/self.htm>

**American Speech-Language-Hearing Association.** (2008) Highlights and Trends: ASHA Counts for Year-End 2008. From <http://www.asha.org/research/memberdata/> Accessed January 07, 2010

**Ballachanda, B. B.** (2001). Meeting the needs of multicultural clients. *Advance for Audiologists, 3*(5), 50-53.

**Battle, D. E.** (Ed.). (1998). *Communication Disorders in Multicultural Populations*. Boston: Butterworth-Heinemann.

**Betancourt, J. R.** (2003). Cross-cultural medical education: Conceptual approaches and frameworks for evaluation. *Acad Med, 78*(6), 560-569.

- Betancourt, J.R.** (2006). Eliminating Racial and Ethnic Disparities in Health Care: What Is the Role of Academic Medicine? *Acad Med*, 81(9), 788-792.
- Betancourt, J. R., Green, A. R., Carrillo, J. E., & Ananeh-Firempong, O., II.** (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Rep*, 118(4), 293-302.
- Bollinger, L. C.** (2003). The need for diversity in higher education. *Acad Med*, 78(5), 431-436.
- Calderón, J.L., Baker, R.S., and Wolf, K.E.** (2000). Focus groups: A qualitative method complementing quantitative research for studying culturally diverse groups. *Education for Health*, 13 (1), 91-95.
- Carrillo, J.E., Green, A.R., Betancourt, J.R.** (1999). Cross-cultural primary care: a patient-based approach. *Annals of Internal Medicine*, 130 (10), 829-834.
- Chin, J.** (2000). Cultural competence. Viewpoint. Culturally competent health care. *Public Health Rep*, 115(1), 25-34.
- Coleman, J.J. (2009).** Treatment Outcomes for Culturally and Linguistically Diverse Early Intervention Populations. *Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse Populations*, 16: 69-78.
- Fadiman, A.** (1997). *The Spirit Catches You and You Fall Down*. New York: Farrar, Straus and Giroux.
- Flores, G.** (2006). Language Barriers to Health Care in the United States *N Engl J Med*, 355(3), 229-231.
- Flores, G., Bauchner, H., Feinstein, A. R., & Nguyen, U. S.** (1999). The impact of ethnicity, family income, and parental education on children's health and use of health services. *Am J Public Health*, 89(7), 1066-1071.
- Flores, G., Rabke-Verani, J., Pine, W., & Sabharwal, A.** (2002). The importance of cultural and linguistic issues in the emergency care of children. *Pediatr Emerg Care*, 18(4), 271-284.
- Kleinman, A., Eisenberg, L., & Good, B.** (1978). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *Ann Intern Med*, 88(2), 251-258.
- Moxley, A., Madhendra, N., & Vega-Barachowitz, C.** (2004). Cultural Competence in Health Care. *The ASHA Leader*, 9(7), 6-7, 20-22.

- Mutha, S.** (2003). Cultural competency in practice and education. *California Family Physician, Spring*, 1-3.
- Mutha, S., Allen, C., & Welch, M.** (2002). *Toward culturally competent care: A toolbox for teaching communication strategies*. San Francisco: Center for the Health Professions, University of California, San Francisco.
- Peña, E.D., and Fiestas, C.** (2009). Talking Across Cultures in Early Intervention: Finding Common Ground to Meet Children's Communication Needs. *Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse Populations*, 16: 79-85.
- Pratt, S.R., Kuller, L., Talbott, E.O., McHugh-Pemu, K., Buhari, A.M., and Xu, X.,** (2009), Prevalence of Hearing Loss in Black and White Elders: Results of the Cardiovascular Health Study. *J. Speech, Language, Hearing Res.*, 52, 973-989.
- Riquelme, L.F.** (2004). Cultural Competence in Dysphagia. *The ASHA Leader*, 9(7), 8, 22.
- Richardson, L. D.** (1999). Patients' rights and professional responsibilities: The moral case for cultural competence. *Mt Sinai J Med*, 66(4), 267-270.
- Ring, J.M., Nyquist, J.G., Mitchell, S., Flores, H., and Samaniego, L. (2008)** *Curriculum for Culturally Responsive Health Care: The Step-by-Step Guide for Cultural Competence Training*. New York: Radcliffe Publishing,
- Ruzek, J.Y., Bloor, L.E., Anderson, J.L., Ngo, M., and the UCSF Center for the Health Professions.** (1999). *The Hidden Health Care Workforce: Recognizing, Understanding and Improving the Allied and Auxiliary Workforce*. San Francisco, CA. UCSF Center for the Health Professions.
- Scott, D., & Jones, R.** (2003). Cultural competence in audiology. Rockville, MD: American Speech-Language-Hearing Association.
- Smedley, B., Stith, A., Nelson A., & (Eds).** (2002). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: National Academy of Sciences.
- Tervalon, M., & Murray-Garcia, J.** (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *J Health Care Poor Underserved*, 9(2), 117-125.
- Todd, K. H., Samaroo, N., & Hoffman, J. R.** (1993). Ethnicity as a risk factor for inadequate emergency department analgesia. *JAMA*, 269(12), 1537-1539.
- U.S. Census Bureau.** (2000). *U.S. Census 2000. 2006-2008 Estimate*,

Retrieved 01-06-10, from <http://www.census.gov/>

**U.S. Department of Health and Human Services Office of Minority Health.** (2002, Accessed 07-30-03). *Assuring cultural competence in health care: Recommendations for national standards and an outcomes-focused research agenda*, from <http://www.omhrc.gov/clas/indexfinal.htm>

**Wolf, K. E.** (2000). *Managing the impact of market-driven changes in communication sciences and disorders: The health care setting*. Paper presented at The Challenge of Change: Proceedings of the Annual Conference of the Council of Academic Programs in Communication Sciences and Disorders, San Diego, CA.

**Wolf, K.E.** (2004). Cultural Competence in Audiology. *The ASHA Leader*, 9(7), 8-9.

**Wolf, K.E.** (2005). Cultural competence and communication sciences and disorders: Not for some, but for everyone. *Texas Journal of Audiology and Speech Pathology*, 28, 9-16.

**Wolf, K.E., and Calmes, D.,** (2004) Cultural competence in the emergency department. *Topics In Emergency Medicine*, 26 (1), 9-13.

**Wolf, K.E., and Hewitt, E.C.** (1999). Hearing impairment in elderly minorities. *Clinical Geriatrics*, 7 (12), 56-66.

## WEBSITES OF INTEREST

### **ASHA Multicultural Affairs and Resources:**

<http://www.asha.org/practice/multicultural/>

**Diversity Rx:** Promoting language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities:

<http://www.diversityrx.org/HTML/DIVRX.htm>

**U.S. Department of Health and Human Services, Office of Minority Health, National Standards on Culturally and Linguistically Appropriate Services (CLAS):**

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

**U.S. Department of Health and Human Services, Office of Minority Health, Think Cultural Health:** <https://www.thinkculturalhealth.org/>