

## **CULTURAL COMPETENCE II: Clinical Implications and Expectations**

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 not only the delivery of services, but also the outcome of service. This second presentation will address the influence of culture and cultural differences on speech-language pathology and audiology. Disparities in communicative disorders will be presented. Knowledge, skills and attitudes necessary to provide culturally competent services will be explored and linked to ethical practices and clinical competence. Future directions will be addressed.

### **LEARNER OBJECTIVES:**

1. Explain disparities speech-language pathology and audiology
2. Identify issues of cultural diversity and cultural competency that impact the ethical practices of speech-language pathology and audiology;
3. Develop strategies and action plans for implementing cultural competency standards in their work environment.

### **SUMMARY:**

This second presentation will begin with a review of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) from the United States

Department of Health and Human Services, Office on Minority Health. Next, the influence of culture and cultural differences on speech-language pathology and audiology services will be considered. Although not widely discussed, disparities in both speech-language pathology and audiology exist. Examples will be provided of different outcomes from different culturally and linguistically diverse groups. The knowledge, skills and attitudes necessary to provide culturally competent services will be explored and linked to existing expectations for ethical practices and clinical competence. The impact on educational programming for students, graduate students and continuing education for currently practicing professionals will be considered. Future directions will be addressed. The didactic presentation will be complimented by small group learning experiences.

The following will be discussed:

**I. Cultural and Linguistically Appropriate Standards**

- A. Culturally Competent Care (Standards 1-3)
- B. Language Access Services (Standards 4-7)
- C. Organizational Supports for Cultural Competence (Standards 8-14)

**II. Communication Disorders in Culturally and Linguistically Diverse Populations**

- A. Speech-language pathology
- B. Audiology

**III. Disparities In Communicative Disorders**

- A. Speech-language pathology
- B. Audiology

**IV. Knowledge And Skills**

- A. Cultural competence
- B. Speech pathology
- C. Language pathology
- D. Audiology

**V. Speech-Language Pathology**

- A. Neurogenic speech and language disorders
- B. Dysphagia
- VI. Audiology**
  - A. Speech audiometry
  - B. Amplification
  - C. Audiologic Rehabilitation
- VII. Ethical practice**
- VIII. Clinical competence**
- IX. Life-Long Learning**
- X. The Role Of Professional Associations**
  - A. ASHA
  - B. State Associations
  - C. Other professional associations
- XI. Small Group Activity**

## **ASSESSING CULTURAL COMPETENCE**

**1. How do you assess the need for cultural competency education at your work place?**

**2. Are we, the communicative sciences and disorders professionals prepared to deliver quality and competent services to our diverse patient/student populations?**

**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/>