

Maryland Health Disparities Collaborative

Cultural and Linguistic Competency Workgroup

Report on Secretary's Request for Assistance (Part III)

October 1, 2012

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Secretary Sharfstein's Request to the Workgroup for October 2012:

- By October 1, provide feedback to the Office of Minority Health and Health Disparities on a draft of the Health Primer.

Contents of the Workgroup Response:

- 1. Brief Background on the Development of the Draft Cultural and Health Literacy Competency Primer**
- 2. General Feedback and Comments from the Cultural and Linguistic Competency Workgroup**
- 3. Synthesis of Recommendations Provided by the Cultural and Linguistic Competency Workgroup**
- 4. Conclusion and Next Steps**
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Recommendations to Consider for the Cultural and Health Literacy Competency Primer

Background:

The following statute strongly recommends further development of both cultural competency and health literacy curriculum for health profession students and continuing education training for practicing health care providers across the state:

- Health-General §§ 20-1004(15) and 20-1301 through 20-1304 (“Cultural Competency and Health Literacy – Education”)

Increasing recognition of well-documented disparities in health status, access, and service delivery have fueled calls to better prepare future health professionals to address these challenges. In addition, several national and local policy developments have highlighted the need for increased preparation of health professionals in cultural and health literacy competencies. In an effort to address these educational needs, MHHD and the University of Maryland College Park School of Public Health’s Herschel S. Horowitz Center for Health Literacy are collaborating in the development of a Cultural and Health Literacy Competency Primer.

Development of the Primer is being funded by a portion of MHHD’s three-year State Partnership Grant from the Federal Office of Minority Health [Grant #STTMP101063-01-00]. In addition, collaborating faculty from the University of Maryland College Park School of Public Health are providing their time to the project and have sought and obtained conference grant funding from the National Institute on Minority Health and Health Disparities (NIMHD) [Grant #2R13MD006056-02]. A portion of the conference grant funds from NIMHD has been used to facilitate two external feedback sessions from national experts and local stakeholders.

The Primer is intended to serve as a resource guide on cultural competency and health literacy for educators of Maryland’s health profession students and practicing health professionals, in effect, aiding in the implementation of Health-General §§ 20-1004(15) and 20-1301 through 20-1304. Analysis of the course information initially reported by Maryland’s schools of dentistry, medicine, nursing and pharmacy in 2009 found significant variation in the extent of course offerings with content that is designed to address cultural competency, health literacy, and health disparities. Moreover, existing health profession training resources do not jointly incorporate both cultural and health literacy competencies. Therefore, the aim of the Primer is to provide users with a conceptual framework and sufficient content and resources for integrating cultural competency and health literacy into existing training programs.

The Primer features free and low-cost resources for health professional educators responsible for teaching cultural competency and health literacy topics. The Primer is organized using a framework that provides instructor modules which can be customized to fit different teaching and learning

environments. The framework has been developed over time through a series of workgroup feedback sessions conducted with different expert and stakeholder groups.

The first feedback session was held in October 2011, in conjunction with the 3rd Health Literacy Annual Research Conference in Chicago, Illinois. The 31 participants of the by-invitation-only workgroup comprised a balance of expertise in cultural competency, health literacy, health care communication, and minority health, including representatives from five State Offices of Minority Health (Arkansas, California, Indiana, Maryland, and Michigan). Participants also included representatives from the National Institute of Minority Health and Health Disparities, the Agency for Healthcare Research and Quality, the Research Triangle Institute, and Adventist HealthCare Inc. (the Maryland-based non-profit network of healthcare providers). The input obtained during this national workgroup session is being used to help identify a core set of cultural and health literacy competencies that will serve as the targeted learning outcomes addressed by the Primer.

The work conducted by the national workgroup also provided a foundation for conducting a Maryland-based workgroup session in December 2011. The latter workgroup convened 30 educators representing 23 different university- and community-college based health profession programs around the state. The state workgroup focused on linking specific cultural and health literacy competencies to stage of learner (developmental sequencing) and exploring approaches to assess learners' achievement of competencies and assess the quality of educational tools for inclusion in the Primer.

A second round of sessions with the national and state workgroups was held in July 2012 to obtain feedback on a more comprehensive draft version of the Primer. Recommended changes were incorporated into the draft, and the revised draft was introduced to a third workgroup for feedback. The third workgroup was conducted in August 2012 and was composed of 17 individuals responsible for developing continuing education training for health professional associations, health occupation boards, and health systems across Maryland.

The feedback, comments, and recommendations offered below by the Maryland Health Disparities Collaborative, Cultural and Linguistic Competency Workgroup, represents the fourth workgroup to contribute its perspective in the development of the Cultural and Health Literacy Competency Primer.

General feedback and comments:

- Good to see that the primer is designed for a variety of health professionals
- Liked the merging of cultural competency and health literacy competencies to develop a core set of combined competencies

- The value of the Primer is that it provides an inventory of resources arranged by specific competency or learning objective
- Although the need for cultural competency training has been documented, there is not yet consensus on how to teach cultural competency

Synthesis of Recommendations:

- 1) Solicit more input from students by incorporating them in the process to evaluate the resources featured in the Primer—this could be achieved by requesting health professional educators to identify students who would be interested in participating in the resource evaluation process. Students who attended the Maryland Women’s Coalition for Health Care Reform Conference could be another student resource, as many of the attendees were interested in the health literacy topic.
- 2) Develop a process for soliciting consumer and other input through outreach to hospital diversity councils, community college allied health programs, health professional associations, community advisory groups, the Maryland Women’s Coalition for Health Care Reform, and/or the MHHD community outreach database to reach the patient population and other consumers of health care services. Behavioral health consumers could be reached through the following organizations: On Our Own of Maryland, the Mental Health Association of Maryland, and the National Alliance on Mental Illness.
- 3) In soliciting input from consumer groups, it may be useful to have a short video clip or other visual aid to explain the Primer and the consumer evaluation process, and help lead into the consumer review/survey tool.
- 4) Integrate a continuous quality improvement process or other tool or mechanism to validate the core competencies outlined in the framework of the Primer, and the effectiveness of the Primer in achieving these core competencies.
- 5) The results of the Primer resource reviews should be included in the Primer, including the limitations and perceived value of each resource.
- 6) Include an inventory of peer-reviewed books, journal articles, and other professional papers that are related to each of the core competencies.

Conclusion and Next Steps:

The Primer authors will strongly consider the recommendations provided by the Workgroup in moving forward with the initial launch of the Primer. The guide is intended to be a “living document” that will be revised and updated over time. The resources contained within the Primer represent “promising practice” resources. Once the Primer is disseminated and utilized in the field by health professional educators and their target learner audiences, formal research may be conducted to create the evidence base for utilizing specific resources within the Primer. Funding would be needed for a formal evaluation to occur.

In the meantime, a resource review process and evaluation rubric is currently being developed for use by the health professional educators and students who have already volunteered to participate in the process. The initial reviews will take place during October 2012; however additional reviewers will be needed in order to cover all of the resources listed in the Primer.

A separate evaluation or survey tool would need to be developed to capture reviews from consumers and other non-user audiences. The consumer perspective on the issues and concepts emphasized in the Primer can also be gleaned from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) supplemental survey items on cultural competence and health literacy. Some CAHPS Hospital Survey items are currently collected and reported by the Maryland Health Care Commission.

As the Primer authors consider how best to incorporate the recommendations of the Cultural and Linguistic Competency Workgroup, the following additional activities are scheduled:

- **November 2012:** Poster presentation and panel discussion at the NIMHD Science of Eliminating Health Disparities Summit
- **December 2012:** Finalize development of the 1st edition of the Primer
- **January 2012:** Launch webpage and begin dissemination of the Primer to health professional educators across the state (community colleges, universities, and continuing education settings)
- **February 2012:** Begin providing technical assistance to health professional educators in integrating the Primer’s resources into existing or new curricula; Seek funding for related activities
- **March 2013:** Poster presentation and expert working session at the DiversityRx National Conference on Quality Health Care for Culturally Diverse Populations

Cultural and Linguistic Competency Workgroup - List of Workgroup Members

Name	Organization
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