

# Moving Toward Consensus on Cultural Competence in Health Care

By Michelle Meadows

Closing the Gap, Cultural Competence • January 2000

Health care organizations have primarily been on their own when it comes to figuring out what cultural competency means. They may use an assortment of definitions and interpretations of cultural competency. For example, a major accrediting agency might focus on the importance of providing interpreter services, while a small physician's practice might spend more time incorporating traditional healing into western medicine.

But new guidance will support a more uniform and comprehensive approach to cultural competency standards and practice. The Office of Minority Health (OMH), U.S. Department of Health and Human Services, recently released 14 draft standards for culturally and linguistically appropriate services (CLAS) in health care. The draft CLAS standards ran in the Federal Register on December 15, 1999, and members of the public can submit comments on the standards until April 30, 2000.

The standards are part of the OMH-funded Cultural and Linguistic Competence Standards and Research Agenda Project, which was conducted by Resources for Cross Cultural Health in Silver Spring, MD, and the Center for the Advancement of Health in Washington, DC.

This project represents a significant move toward the first set of national cultural and linguistic standards in health care delivery, said Guadalupe Pacheco, a special assistant to the director of OMH and the project officer for OMH's cultural competency activities.

It's important to note that the standards are recommendations and not mandates, but the goal is for the recommendations to create a more consistent way of looking at expectations for cultural competency across the country.

"More and more providers are treating a diverse group of patients," Pacheco said, "and providing culturally competent health care facilitates efforts to improve health outcomes and patient satisfaction." Providers and policymakers will now be able to use the CLAS recommendations to create accountability systems that ensure high quality services for diverse populations.

## Defining cultural competency

The CLAS project uses a working definition of cultural competency that's an adaptation of a definition cited by the Office of Women and Minority Health in the Bureau of Primary Health Care, Health Resources and Services Administration.

"Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institu-

tions of racial, ethnic, religious or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."

As an example, the CLAS project report describes an elderly Bosnian woman being admitted to a health facility with terminal cancer. She doesn't read, speak, or understand English, her Muslim faith requires modesty during physical exams, and cultural beliefs make her family members shy away from discussing end-of-life matters.

"Many providers are looking for guidance on how to respond to these situations appropriately," said Julia Puebla Fortier, principal investigator with Resources for Cross Cultural Health Care. The draft standards will give providers a context for understanding and

responding to the role of culture and language in health, she said.

Valerie Welsh, evaluation officer and public health analyst in OMH's Division of Policy and Data, said cultural competence is not just a matter of diversity. "It's one of many factors that affect health care quality," she says, and can even be considered a route to better quality care.

## Developing the standards

Staff with Resources for Cross Cultural Health and the Center for Advancement of Health reviewed and compared existing cultural competence standards and measures, proposed the draft language and assessed information and research needs related to these guidelines. This included analyzing key laws, regulations, contracts, and standards used by federal and state agencies, and national organizations.

Researchers found that generally, documents contained more requirements related to linguistic competence than cultural, Fortier said. Other findings were that very few source documents reviewed could be considered comprehensive in terms of the range of cultural competency activities addressed, and a core set of cultural competence activities emerged from the document reviews and helped form the list of draft standards.

The draft standards make several recommendations, including ongoing education and cultural competency training for all levels of staff at health organizations. Another standard recommends using a variety of methods to collect and use accurate demographic, cultural, and epidemiological data for racial and ethnic groups in the service area. A national advisory committee of policymakers, providers, and researchers provided input for the recommended standards.

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## Call for comments

The 120-day public comment period began on January 1, 2000, which makes the deadline for comments from individuals and organizations April 30, 2000. "Publication in the Federal Register will encourage input from a wide audience of stakeholders," Pacheco says. Final revisions will be published in the Federal Register in the fall of 2000.

Three regional meetings are an important part of the public comment process, and will be held on January 21, 2000 in San Francisco; March, 10 in Baltimore; and April 5 in Chicago. Registration for the one-day meetings, which will allow participants to make comments on the standards and provide feedback, will be on a first come, first served basis. About 150 participants are anticipated at each meeting.

This feedback and other comments on the standards also support OMH's Center for Linguistic and Cultural Competence in Health Care. Developed in 1995, the center is a "center without walls" that addresses the needs of limited English-speaking populations, Pacheco said. The center promotes collaborations and the exchange of information on cultural competency. For example, OMH, along with the New York Academy of Medicine and Resources for Cross Cultural Health, held a meeting on cultural competency in October 1998 for approximately 500 participants.

Those who don't attend the upcoming regional meetings on the new standards are also welcome to comment on the standards, and can do so by writing to CLAS Standards, Office of Minority Health, Rockwall II Bldg., 5515 Security Lane, Suite 1000, Rockville, MD 20852. Or, e-mail comments to [OMHRC\\_standards@Iqsolutions.com](mailto:OMHRC_standards@Iqsolutions.com)

*To obtain a copy of the standards and accompanying commentary, plus comment forms, visit the Web site of the Office of Minority Health Resource Center at: <http://www.omhrc.gov>*

