



Compendium of Cultural Competence Initiatives in Health Care

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Introduction and Definitions

Introduction

Public and private sector organizations are involved in a number of activities that seek to reduce cultural and communication barriers to health care. These activities are often described as cultural competency and/or cross-cultural education. The Institute of Medicine report (2002)¹, *Unequal Treatment*, recommended that the health care system pursue several of these techniques as part of a multi-level strategy to reduce racial and ethnic disparities in medical care.

This compendium is a first attempt at describing these activities in a single document. It was prepared in response to the many requests from the media and others to define cultural competency and identify efforts underway in this emerging field. In a recent article, Brach and Fraser (2000)² clustered the techniques frequently discussed in the literature on cultural competency into nine categories: 1) interpreter services; 2) recruitment and retention policies for minority staff; 3) training; 4) coordinating with traditional healers; 5) use of community health workers; 6) culturally competent health promotion; 7) including family and/or community members in care-giving; 8) immersion into another culture; and 9) administrative or organizational accommodations.

This compendium describes initiatives undertaken since 1990 that could be classified into eight of the nine categories identified by Brach and Fraser's cluster of techniques. This inventory does not

include activities related to the second category (i.e., recruitment and retention policies). Though an inventory of the many initiatives designed to increase health workforce diversity would also be useful, that was beyond the scope of this effort. The initiatives reflect efforts identified by experts in the field, an internet search of key phrases, and references in the published literature. Some of the organizations cited in this compendium use the terminology cultural competency, others do not.

This field of work, whether described as cultural competency or cross-cultural education, is facing a number of challenges. Among the challenges are:

- 1) lack of agreement on the terms, definitions, and core approaches;
- 2) limited research on impact and effectiveness;
- 3) a misperception that the activities are focused exclusively on people of color, rather than also on diverse population groups that, for example, arise from religious affiliation, class, or sexual orientation; and
- 4) absence of a financing/funding source considered sufficient to implement new initiatives.

The compendium is divided into two categories: Public Sector Initiatives (Federal/state/local) and Private Sector Initiatives (health care institutions or professional organizations, foundations, academic institutions/policy research organizations, and other). To help guide the reader in this process, we have noted brief definitions for the major terms used by various organizations and experts in the field.

* The Institute of Medicine recommendations related to cultural competence are: 5-3) increase the proportion of underrepresented U.S. racial and ethnic minorities among health professionals; 5-8) enhance patient-provider communication and trust; 5-9) support the use of interpretation services; 5-10) support the use of community health workers; 6-1) integrate cross-cultural education into the training of all current and future health professionals.

Definitions

- **Cultural competence** is “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations” (Cross et al., 1989).³
- “**Cultural competence** is defined simply as the level of knowledge-based skills required to provide effective clinical care to patients from a particular ethnic or racial group” (DHHS, HRSA).⁴
- “**Cultural competence** comprises behaviors, attitudes, and policies that can come together on a continuum: that will ensure that a system, agency, program, or individual can function effectively and appropriately in diverse cultural interaction and settings. It ensures an understanding, appreciation, and respect of cultural differences and similarities within, among and between groups. Cultural competency is a goal that a system, agency, program or individual continually aspires to achieve” (DHHS, HRSA).⁵
- “**Cultural competence** in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs” (Betancourt et al., 2002).⁶
- “‘**Cultural competence**’ is the demonstrated awareness and integration of three population-specific issues: health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. But perhaps the most significant aspect of this concept is the inclusion and integration of the three areas that are usually considered separately when they are considered at all” (Lavizzo-Mourey and Mackenzie, 1996).⁷
- “**Cross-cultural education** can be divided into three conceptual approaches focusing on attitudes (cultural sensitivity/ awareness approach), knowledge (multicultural/ categorical approach), and skills (cross-cultural approach), and has been taught using a variety of interactive and experiential methodologies” (IOM, 2002).⁸
- **Culturally and linguistically appropriate services (CLAS)** are “health care services that are respectful of and responsive to cultural and linguistic needs” (DHHS, OMH, National Standards for CLAS, 2001).⁹
- **Cultural sensitivity** is “the ability to be appropriately responsive to the attitudes, feelings, or circumstances of groups of people that share a common and distinctive racial, national, religious, linguistic or cultural heritage” (DHHS, OMH, National Standards for CLAS, 2001).¹⁰

Definitions (continued)

- **Cultural humility** is “best defined not by a discrete endpoint but as a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves...a process that requires humility in how physicians bring into check the power imbalances that exist in the dynamics of physician-patient communication by using patient-focused interviewing and care” (Tervalon and Murray-Garcia, 1998).¹¹
- **Cultural proficiency** is “when providers and systems seek to do more than provide unbiased care as they value the positive role culture can play in a person’s health and well-being” (National Alliance for Hispanic Health).¹²
- **"Linguistic competence** is the capacity of an organization and its personnel to effectively communicate with persons of limited English proficiency, those who are illiterate or have low literacy skills, and individuals with disabilities. This may include, but is not limited to, the use of: bilingual/bicultural staff; cultural brokers; multilingual telecommunication systems; ethnic media in languages other than English (e.g., television, radio, newspapers, periodicals); print materials in easy to read, low literacy, picture and symbol formats; and materials in alternative formats (e.g., audiotape, Braille, enlarged print)" (Goode and Jones, 2002).¹³

Public Sector Initiatives

Public Initiatives – Federal/State/Local

Agency/ Organization	Initiative	Overview	Funding (amount, source)
Executive Branch ^{14,15}	Presidential Executive Order	DESCRIPTION: (August 11, 2000) The purpose of the Executive order is to improve health care services in federally funded sites for people with limited English proficiency (LEP). "Each Federal agency shall examine the services it provides and develop and implement a system...which LEP persons can meaningfully access.... Each Federal agency shall prepare a plan to improve access to its federally conducted programs and activities by eligible LEP persons. Each agency providing Federal financial assistance shall draft title VI guidance specifically tailored to its recipients that is consistent with the LEP Guidance issued by the Department of Justice.... Agencies shall ensure that stakeholders, such as LEP persons and their representative organizations, recipients, and other appropriate individuals or entities, have an adequate opportunity to provide input." President Bush and the Department of Justice renewed this order in June 2001.	—
U.S. Department of Health and Human Services (HHS) - Office of Civil Rights (OCR) ¹⁶	Policy Guidance	MAIN PRODUCT(S): Policy Guidance: "Title VI Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency" (August 2000) DESCRIPTION: OCR's enforcement authority derives from Title VI and will oversee DHHS implementation of the policy guidance. Major focus areas related to cultural competency, including immigrant access, limited english proficiency patients, and racial/ethnic disparities in health. The Policy Guidance discusses the enforcement and regulation of the Civil Rights Act of 1964 as it applies to those who lack necessary English-speaking skills.	HHS
HHS – Center for Medicare and Medicaid Services (CMS, formerly HCFA) ^{17,18,19}		DESCRIPTION: CMS has several activities underway, including 1) partnering with community based organizations for outreach, consumer education, and obtaining information about population needs; 2) Medicare quality improvement projects focused on clinical health care disparities or CLAS; and 3) Diversity Open Door Forums to improve communication with outside organizations. For more information see http://www.cms.gov .	HHS
HHS - Health Resources and Services Administration (HRSA) ^{20,21}		DESCRIPTION: The agency financially supported many cultural competency programs in FY 2000. One of the major programs funded by HRSA is the National Center for Cultural Competence, which is assisting in the adoption of culturally competent values and practices at state and local maternal and child health programs. HRSA is also funding National Health Service Corps sites, training materials for professionals and students, and organizing a conference aimed to help establish linguistic and cultural competency in Medicaid managed care programs.	\$1.4 million budgeted by HHS in 2000
HHS - HRSA ²²	The Quality Center	MAIN PRODUCT(S): "Cultural Competence Monograph Series": (4 of the 9 completed), with last one released Fall 2000 on American Indians/Alaska Natives. For other publications and links see http://bphc.hrsa.gov/quality/Cultural.htm DESCRIPTION: The Quality Center conducts projects that emphasize the link between quality and cultural diversity. The Center has supported several cultural competence publications and funded various programs, such as a Hispanic Substance Abuse Training Project and the American Academy of Family Physicians (AAFP) training and educational program called "Quality Care for a Diverse Population" (QCDP).	HHS
HHS - HRSA ²³	Cultural Competence Works, competition and report	MAIN PRODUCT(S): "Cultural Competence Works" (2001), report prepared by Resources for Cross Cultural Health Care DESCRIPTION: Competition and report were efforts to identify and honor HRSA-funded programs that effectively utilize cultural competency methods to serve diverse populations. The identified programs tend to "define culture broadly, value clients' cultural beliefs, recognize complexity in language interpretation, facilitate learning between providers and communities, involve the community in defining and addressing service needs, collaborate with other agencies, professionalize staff hiring and training, and institutionalize cultural competence."	HHS

Agency/ Organization	Initiative	Overview	Funding (amount, source)
(HHS) - Office of Minority Health (OMH) ²⁴	Report and website	<p>MAIN PRODUCT(S): “National Standards for Culturally and Linguistically Appropriate Services in Health Care” (March 2001)</p> <p>DESCRIPTION: Produced a report with 14 standards that serve as guidelines for culturally and linguistically appropriate services (CLAS) in health care organizations (especially those receiving federal funding). Four of the standards are mandates that all recipients of federal funds are required to institute – qualified language assistance services, notice to patients/ consumers of the right to language assistance services, qualifications for bilingual and interpreter services, and available translated materials. Other guidelines and recommendations include: care that is compatible with cultural health beliefs and delivered in a preferred language, staff diversity, staff education and training, written goals and policies to promote CLAS, organizational self-assessment, data collection on the race/ethnicity and language of patients, data on community composition and demographics, collaborative efforts with community organizations, culturally and linguistically sensitive conflict resolution, and public disclosure of progress with CLAS. For more information see: http://www.omhrc.gov/cultural/</p>	HHS
HHS-OMH ²⁵	Conference	<p>DESCRIPTION: A 1995 National Conference on Cultural Competence and Women’s Health Curricula in Medical Education dedicated solely to the issue of curricula for cross-cultural and women’s health issues. Focused on including cultural topics in medical students’ curricula to ensure culturally competent practices in their encounters with diverse patients.</p>	HHS - The US Public Health Service, OMH, and the Office of Women’s Health
HHS-SAMSHA ²⁶	Report from working group on Cultural Competence in Managed Mental Health Care Services	<p>MAIN PRODUCT(S): “Cultural Competence Standards In Managed Mental Health Care Services: Four Underserved/Underrepresented Racial/Ethnic Groups” (2000)</p> <p>DESCRIPTION: Report focused on providing overall system and clinical standards, provider competencies and implementation guidelines.</p>	
Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO) ²⁷	Report	<p>MAIN PRODUCT(S): “Health Departments Take Action: A Compendium of State and Local Models Addressing Racial and Ethnic Disparities in Health” handbook, (2000)</p> <p>DESCRIPTION: The aim of the report is to summarize state and local programs that address racial and ethnic health disparity issues in their jurisdictions. It is a collaborative effort that includes programs that “strive to be culturally sensitive and competent,” provide materials in appropriate languages and reading levels, approach health issues from the community’s view, hire diverse staff members, and/or train staff members in cultural competency guidelines.</p>	HHS, HRSA - BPHC and the Maternal and Child Health Bureau

Private Sector Initiatives

Health Care Institutions or Professional Organizations

Agency/ Organization	Initiative	Overview	Funding (amount, source)
Alameda Alliance for Health (Alliance) ^{28,29}		DESCRIPTION: The Alliance, established in 1996, is creating a culturally competent <i>system</i> of care to enhance quality of care and health outcomes through a comprehensive and coordinated strategy that includes policies, programs and processes as an integral part of its mission. The Alliance was selected as the only OMH study site for the implementation of CLAS standards in a managed care organization. Examples of activities include: 1) the Cultural and Linguistic Competency Initiatives designed to assess and train skill-based competencies among providers; 2) Clinical services, targeted to improving health outcomes and reducing health disparities; and 3) payment to providers for the use of qualified medical interpreters. For more information see www.alamedaalliance.com .	State contracts; California HealthCare Foundation; County Tobacco Settlement Fund; The California Endowment
The American Medical Association (AMA) ³⁰		MAIN PRODUCT(S): "Cultural Competence Compendium" (1999) and "Enhancing the Cultural Competency of Physicians" (1998) DESCRIPTION: AMA has major efforts to increase awareness about racial/ethnic disparities and respond to the changing demographics in the United States. The compendium (1999) is an annotated list of resources intended to "move the medical profession and the public to create behavioral and institutional changes that will enable physicians to provide individualized care that respects the multiple cultures of their patients." The compendium was created in response to the "Enhancing" report (1998), which called for physicians to be informed of cultural competence activities and resources.	
Association of American Medical Colleges (AAMC) and AMA ³¹	Liaison Committee on Medical Education (LCME)	MAIN PRODUCT(S): LCME Medical School Accreditation Standards (revised June 2002) DESCRIPTION: In requirements ED-21 and ED-22, the standards state that both faculty and students must have an understanding of diverse cultures and beliefs that can affect health as well as be aware of their own potential cultural biases. These standards are a requirement for medical schools seeking LCME accreditation. The complete set of accreditation standards is available on the LCME website www.lcme.org .	
Harvard Pilgrim Health Care (HPHC) ^{32,33}	Office of Diversity	MAIN PRODUCT(S): "Diversity: Our Second Checkup, 1995" DESCRIPTION: HPHC is a managed care organization in Boston, MA that strives to provide culturally sensitive and appropriate health care to their members. Their focus on diversity includes a commitment to hiring diverse staff members, providing cross cultural coursework in nursing care and behavioral health, medical interpreter training, assessing leadership and staff cultural competence, auditing patients' experiences to the health services in six languages, and offering services in accessible languages. For more information see www.harvardpilgrim.org .	HPHC
Kaiser Permanente ^{34,35}	National Diversity Council and the Institute for Culturally Competent Care (ICCC)	MAIN PRODUCT(S): "Provider's Handbook on Culturally Competent Care" for many population-specific groups DESCRIPTION: Comprehensive organizational efforts to bring the issue of cultural competence and sensitivity to health care professionals treating diverse populations, including Latinos, African Americans, Asian and Pacific Island Americans, and Lesbians, Gays, Bisexuals, and Transgendered. The Institute has four Centers of Excellence that address different population groups and has plans of launching two more. The Provider's Handbooks "provide an overview of cultural and epidemiological differences that characterize the major ethnocultural groups" comprising Kaiser membership.	Kaiser Permanente

Foundations

Agency/ Organization	Initiative	Overview	Funding (amount, source)
The California Endowment ^{36,37}		DESCRIPTION: The mission of The California Endowment is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians. Key areas of interest include: cultural competency, work force diversity, access and disparities in health. Under its cultural competency goal, The Endowment focuses its work on language access, integrative medicine and cross-cultural collaboration. Funding in Cultural Competency, Work Force Diversity, Access and Disparities in Health.	The California Endowment
The Henry J. Kaiser Family Foundation (KFF) and The Robert Wood Johnson Foundation (RWJF) ³⁸	Initiative to Engage Physicians in Dialogue about Racial/Ethnic Disparities in Medical Care	DESCRIPTION: An initiative launched in October 2002 aimed at raising physician awareness about disparities in medical care, beginning with cardiac care, undertaken by KFF and RWJF, in conjunction with the American College of Cardiology Foundation, the American Heart Association, the Association of Black Cardiologists and 10 other national medical, public health and business organizations. The initiative has three main components: a review of the evidence, an advertisement campaign in leading medical publications, and physician outreach activities. For more information see: www.kff.org/whythedifference .	\$1 million
RWJF ³⁹	Hablamos Juntos	DESCRIPTION: An initiative started in 2001 to improve patient-provider communication by specifically addressing language barriers. It will fund grants to health care provider organizations to improve access to quality health care for Latinos with limited English proficiency.	\$10 million

Academic Institutions/ Policy Research Organizations

Agency/ Organization	Initiative	Overview	Funding (amount, source)
The American Institutes for Research (AIR) ^{40,41}	Cultural Competence Curriculum Modules (CCCM) and cultural competence campaigns	<p>MAIN PRODUCT(S): Concept papers on Cultural Competence, Language Access Services, and Organizational Supports (2002); "Teaching Cultural Competence in Health Care: A Review of Current Concepts, Policies, and Practices" (2002).</p> <p>DESCRIPTION: AIR, a not-for-profit corporation developed the CCCMs. The CCCMs will attempt to review cultural competency issues and test the efficacy of cultural competence training and programs. After developing modules to train family physicians in cultural and linguistic competence, AIR will review the curriculum to determine their effectiveness according to the principles outlined in national standards for CLAS. The "Teaching" document serves as a comprehensive overview of concepts and programs in the area of cultural and linguistic services. AIR adapts manuals, develops evaluation manuals and campaigns that are culturally sensitive. For more information see www.air-dc.org.</p>	HHS-- OMH, NHLBI, NCI, CDC
Brandeis University ^{42,43}	Access Project, study on interpreter services	<p>MAIN PRODUCT(S): "What a Difference an Interpreter Can Make: Health Care Experiences of Uninsured with Limited English Proficiency" (April 2002)</p> <p>DESCRIPTION: This report investigates the effect of interpreter services on patient satisfaction and health outcomes. Uninsured patients who were provided an interpreter during their health care visit reported higher rates of positive attitudes about their visit, higher levels of satisfaction with the medical staff, and better understanding of medication instructions compared to those who needed but were not provided with an interpreter.</p>	Brandeis University, started with an RWJF grant
The Center for Cross-Cultural Health ⁴⁴	Research and Training	<p>DESCRIPTION: A non-profit organization started in 1997 based in Minneapolis, Minnesota working towards "integrating the role of culture in improving health... ensuring that diverse populations receive culturally competent and sensitive health and human services." The Center's services include organizational assessments, customized trainings, research projects, and educational resources. The 2002 conference organized by the Center was entitled "Healthy Communities: Embracing Cultures, Changing Systems." For more information see http://www.crosshealth.com/publications.htm.</p>	Community foundation grants and service fees
The Cross Cultural Health Care Program (CCHCP) ⁴⁵	Policy Research and Cross-Cultural Education	<p>DESCRIPTION: The program offers "cultural competency trainings, interpreter trainings, research projects, community coalition building, and other services" in an attempt to bring communities and health care organizations together. Based in Seattle since 1992, and operating nationwide, CCHCP collaborates with ethnic communities, makes educational information about cultural competence available, improves training opportunities for interpreters, provides awareness training programs for providers, works to encourage community member participation in health careers, provides leadership in managing interpreter services, provides advocacy, education and community development to underserved communities, and conducts and supports research to establish effective cultural competency standards. See www.xculture.org for publications and resources</p>	Started with a W.K. Kellogg Foundation grant
The George Washington University Medical Center, School of Public Health and Health Services ^{46,47}	Technical Assistance Documents	<p>PRODUCT(S): "Optional Purchasing Specifications: Cultural Competence in the Delivery of Services Through Medicaid Managed Care, A Technical Assistance Document" (January 2001); "Cultural Competence in Medicaid Managed Care Purchasing: General and Behavioral Health Services for Persons with Mental and Addiction-Related Illnesses and Disorders" (May 1999)</p> <p>DESCRIPTION: The 2001 technical assistance document is a "tool to assist interested state officials in purchasing services from managed care organizations (MCOs) on behalf of individuals who are eligible for Medicaid." The document details specific duties that can be incorporated in MCO contracts in order to ensure covered services are provided in a culturally competent manner. The 1999 report on cultural competence "examine[s] the approaches that state agencies take in implementing the concept of cultural competence in the design and implementation of their managed care systems," specifically examining behavioral health systems.</p>	

Agency/ Organization	Initiative	Overview	Funding (amount, source)
Institute for Health Policy, Massachusetts General Hospital ⁴⁸	Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches	DESCRIPTION: Report that evaluated definitions of cultural competence and identified benefits to health care system by reviewing medical literature and interviewing health care experts in government, managed care, academia, and community health care delivery. Identified models of culturally competent care and determined key components of cultural competence along with recommendations to implement interventions to improve quality of health care (October 2002).	The Commonwealth Fund
The National Center for Cultural Competence (NCCC) ^{49,50}		DESCRIPTION: Established in 1995, the NCCC, of the Georgetown University Center for Child and Human Development, is funded to increase the capacity of health care and mental health programs to design, implement and evaluate culturally and linguistically competent service delivery systems. The NCCC conducts an array of activities to fulfill its mission including: (1) training, technical assistance and consultation (2) networking, linkages and information exchange, and (3) knowledge/product development and dissemination. Major emphasis is placed on policy development, conducting cultural competence organizational self-assessments, and strategic approaches to the systematic incorporation of culturally competent values, policy, structures, and practices within organizations. NCCC is in the process of pilot testing two instruments to measure cultural competence at the practitioner and policy level within health care organizations. See http://www.georgetown.edu for publications and products	DHHS Cooperative Agreements and contracts (MCHB, BPHC, BHPR within HRSA and NICHD); Environmental Protection Agency, Department of Education.
The National Health Law Program (NHLP) ^{51,52}	Developing Meaningful Access to Health Care for Individuals with Limited English Proficiency	DESCRIPTION: The initiative aims to “encourage consumers and providers to collaborate in efforts to improve and increase the availability of language assistance to individuals with limited English proficiency in health care settings.” Other reports and efforts have attempted to assess the availability and necessity of bilingual services for those without developed English skills, focusing on the rights of patients to receive care in their dominant or preferred language. For publications and links see http://www.healthlaw.org/race.shtml#minority	Multiple sources, including the Commonwealth Fund
University of Washington Health Sciences Library and the Harborview Medical Center ^{53,54}	Community House Calls Program, including EthnoMed	DESCRIPTION: The Community House Calls program was established in 1994 to use interpreter cultural mediators and community advisors as “part of the health care team,” address clinical and public health aspects of care simultaneously, expand the role of interpreters to provide case management and follow-up, and increase collaboration between departments to teach cultural competence. The program also created EthnoMed, “a website containing medical and cultural information about immigrant and refugee groups...to make information about culture, language, health, illness, and community resources directly accessible to health care providers.” This information database has information about nine ethnic groups to date.	Started with grants from RWJF and KFF (Opening Doors initiative)

Other

Agency/ Organization	Initiative	Overview	Funding (amount, source)
The Judge Baker Children's Center ⁵⁵	Assessment Guide	<p>MAIN PRODUCT(S): "A Practical Guide for the Assessment of Cultural Competence in Children's Mental Health Organizations," 1996</p> <p>DESCRIPTION: The Center "aims to be responsive to...issues of ethnic and cultural diversity in the field of children's mental health." The "Practical Guide" provides the background and definitions along with goals and available tools for organizations to establish cultural competence, framed through the specific needs of mental health services for children.</p>	HHS - Center for Mental Health Services, SAMHSA, Harvard Medical School Affiliate
Management Sciences for Health (MSH) ⁵⁶	The Provider's Guide to Quality and Culture	<p>DESCRIPTION: Website designed to assist health care organizations "in providing high quality, culturally competent services to multi-ethnic populations." Online resource to provide information about quality and culture in the patient-physician interaction, background of cultural competence and stereotypes, evaluation procedures for cultural competence in an organization, information about nine separate ethnic groups living in the US, and links to other information related to cultural competency.</p>	HHS, HSRA – BPHC, US Agency for International Development
The National Alliance for Hispanic Health ⁵⁷	Proyecto Informar	<p>MAIN PRODUCT(S): "A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics" (2001)</p> <p>DESCRIPTION: Proyecto Informar seeks to improve communication between patient and provider. The report (and companion workbook for health care providers), defines and examines the issue of culture in health care, gives the history and health status of Hispanics in the US, and presents the importance of cultural proficiency implementation.</p>	HRSA and OMH
Resources for Cross Cultural Health Care (RCCHC) ⁵⁸	Information dissemination, networking, and assistance	<p>DESCRIPTION: "Resources for Cross Cultural Health Care is a national network of individuals and organizations established in 1997 in ethnic communities and health care organized to offer technical assistance and information on linguistic and cultural competence in health care." The main areas of work include: policy development and research, information dissemination, on-site and telephone consultation, networking and conferences. Diversity Rx Website (www.diversityrx.org): "Promoting language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities." The website offers information about cultural competence, the role of culture in the health care environment, and summaries, links, and recommendations on current efforts. This program also sponsors a biannual national conference supporting "quality health care for culturally diverse populations."</p>	RWJF, the New York Academy of Medicine (NYAM), HHS - OMH
The Washington Business Group on Health ⁵⁹	Health Disparities Initiative	<p>DESCRIPTION: Founded in 1974, the Washington Business Group on Health (WBGH) is a national non-profit organization representing perspectives of large employers and providing practical solutions to its members' health care problems. Their health disparities initiatives, <i>Promoting Health for a Culturally Diverse Workforce</i>, has seven component parts. Two of the components, a work-site cardiovascular pilot project and a Toolkit Guide for Employers, have among their goals helping companies to produce culturally competent purchasing guidelines. Also, another component, the Health Disparities Solution Series, held its first two member teleconferences on cultural competency and health care and on practical approaches to asking employees questions about race and health. For more information see http://www.wbgh.com/.</p>	RWJF, Pfizer/Pfizer Health Solutions, HHS-OMH

Experts in the Field

Experts in the Field

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