HARVARD MEDICAL SCHOOL

CULTURALLY COMPETENT CARE EDUCATION AT HARVARD MEDICAL SCHOOL: BACKGROUND, HISTORY AND ACCOMPLISHMENTS

JUNE, 2006

Bridging the Gaps, One Patient at a Time

The Culturally Competent Care Education Committee logo symbolizes the interface between two people with a dashed line. Each person is a "nucleus" of intersecting parts composed of ethnicity, gender, race, sexual identity, class, age, etc. Each is surrounded by concentric circles that represent family, communities and history- all of which impact the interaction between self and other.

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Preface

The problem of health care disparities has emerged as an area of serious concern. The issue impacts not only the health and medical care system, and the individuals it serves within the United States, but also has substantial implications for the effective promotion of global health.

Considerable progress has been made in addressing health care disparities, but there is much more work to be done. Medical education reform is a critical component in reducing health care disparities, and over the past five years, Harvard Medical School (HMS) has made great strides in this regard.

The purpose of this report is to provide an overview and to highlight key milestones in health disparity and cultural competence activities within and beyond HMS. Specific goals are as follows.

1) To inform the HMS community about the progress and current status of related activities, with particular emphasis on the contributions of the HMS Culturally Competent Care Education Committee (CCCEC), as well as to serve as a resource for faculty interested in participating;

2) To inform external stakeholders, including healthcare providers, policymakers, other medical schools and interested parties, about relevant initiatives at HMS;

3) To serve as a benchmark of achievements to date, that can be referenced in the future to measure ongoing progress;

4) To provide information to potential partners and sponsors who would like to support HMS' efforts toward formal Culturally Competent Care Education institutionalization, including providing for dedicated staff, internal infrastructure, and funding for specific initiatives.

It is with heartfelt gratitude and sincere thanks that I acknowledge the contributions of the following individuals and organizations. The initiatives described in this report would not be possible without their generosity, encouragement and support. Furthermore, this document was developed in collaboration with many individuals to whom I am most grateful; they too are also listed below.

- *the members of the CCCEC (listed in Appendix One);*
- *Joseph Martin, MD, PhD, HMS Dean of the Faculty of Medicine;*
- *Jules Dienstag, MD, HMS Dean for Medical Education;*
- *Malcolm Cox, MD and Dan Lowenstein, MD, former HMS Deans for Medical Education.*

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- *Harvard Medical School, Oliver Wendell Holmes Society*
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I. Executive Summary

Introduction and Background

In the context of an increasingly ethnically, racially and culturally diverse society, the problem of health care disparities has emerged as an area of serious concern. The problem impacts not only the health and medical care system within the United States, but also has serious implications for the effective promotion of global health.

There is a growing body of literature that describes the impact of sociocultural factors, race and ethnicity on health and clinical care;[1] research shows that when sociocultural differences between patient and provider are not appreciated in the medical encounter, patient dissatisfaction, poor adherence, worse health outcomes and racial/ethnic disparities in care may result.[2] Health care disparities have been noted in the following groups of patients: women; elderly people; poor people; people with disabilities; obese people; Asian-Americans; African-Americans; Latinos; Native Americans; immigrants; gay, lesbian, bi-sexual, transgendered (GBLT) individuals; some religious groups; and prisoners.

The causes of health care disparities are highly complex, and addressing them has been described as 'a moral imperative' requiring a broad and sustained commitment.[3] The task is multifaceted and includes various efforts such as improving data collection, diversifying the health care workforce and the primary focus of this report: promoting Culturally Competent Care through medical education reform.

Considerable progress in this area has been made, as evidenced not only by legislative, governmental and medical education policy initiatives, but also by internal reforms and accomplishments at Harvard Medical School (HMS). Medical education reform is currently underway at HMS, and the implementation of numerous initiatives to promote Culturally Competent Care to address health care disparities is part of the process. As such, it is important for the reader to note that some of the initiatives presented in this report are in an active state of change as HMS transitions from the old curriculum to the new.

Purpose and Content

The purpose of this report is to provide an overview and highlight key milestones in health disparity and cultural competence activities beyond and within HMS. The history, evolution and contributions of the HMS Culturally Competent Care Education Committee (CCCEC) and of each of its four Subcommittees are presented. The justifications and imperatives for institutionalizing existing efforts in Culturally Competent Care Education at HMS in a formal and sustainable way are provided.

Landmark reports including the Institute of Medicine's *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*[4] and the Sullivan Commission's *Missing Persons: Minorities in the Health Professions*[5] have promoted awareness of the problem of disparities in health care, and have served as a catalyst for positive change. Federal, state and local government agencies have promulgated reports and implemented programs underscoring the

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[1] Berger, J.T. Culture and ethnicity in clinical care. Arch Intern Med 158 (19) 1998: 2085-90.
[2] Betancourt, J.R., J.E. Carillo, et al. Hypertension in multicultural and minority populations: linking communication to compliance." Curr Hypertens Rep 1 (6) 1998: 482-8.
[3] Smedley BD, Stith, AY, Nelson AR eds. Unequal treatment: confronting racial and ethnic disparities in health care. Washington, DC: National Academies Press, 2003.
[4] Ibid.
[5] Sullivan Commission. Missing persons: minorities in the health professions. Washington, DC, 2004. (http://admissions.duhs.duke.edu/sullivancommission/documents/sullivan_final_report_000.pdf, viewed 3-28-06)

need to eliminate racial and ethnic disparities in health. In addition, policy changes that require training in culturally competent care as a condition of medical licensure and others that require Culturally Competent Care content in Continuing Medical Education (CME) have been legislated. Furthermore, the Liaison Committee on Medical Education (LCME) has created standards requiring cross-cultural curricula as part of undergraduate medical education.[6] These external milestones are presented in greater detail in Section II.A of this report.

In the last five years, broad-spectrum progress in the area of cross-cultural training has been made in Harvard Medical School-affiliated hospitals and within the Medical School itself. Key accomplishments within the HMS-affiliated hospitals are presented in Section II.B.

At HMS, the CCCEC, chaired by Augustus A. White, III, MD, PhD, Ellen and Melvin Gordon Professor of Medical Education, Professor of Orthopaedic Surgery, and Master of the Oliver Wendell Holmes Society has been established. Its mission is to foster the development of faculty and curriculum that prepare students with the knowledge, skills and attitudes to practice culturally competent medicine. The CCCEC's work is directed toward achieving the following outcomes: 1) Students will graduate with experience, skills and knowledge in cross-cultural health care; 2) Faculty will improve their capacity to provide and teach culturally competent care; 3) HMS will develop effective cross-cultural training models that can be adapted nationally and applied globally to promote better patient care for culturally diverse populations. The history and evolution of the CCCEC, as well as key milestones, are presented in Section II.C.

Four Subcommittees of the CCCEC, each with designated leadership, work independently as well as collaboratively to achieve the Committee's objectives. These Subcommittees are Faculty Development, Curriculum Development, Synergies and Communications, and Evaluation and Research; the contributions of these Subcommittees are presented in Section II.D.

The Future of Culturally Competent Care Education at Harvard Medical School

The progress made to date in Culturally Competent Care Education at HMS is considerable and it is critical that these efforts continue. As a function of its history of developing leaders in medicine and of serving as a model for medical education, HMS is uniquely situated to be an influential agent promoting positive change.

It is essential to note that the accomplishments described in this report are in part the result of the generosity of several key internal and external partners who have provided start-up funds for a variety of initiatives. That stated, these successes are also a product of considerable uncompensated faculty and staff voluntarism; numerous dedicated individuals including the CCCEC Subcommittee Chairs and Co-Chairs have made essential and substantial contributions.

In order to ensure the long-term viability of these initiatives, Harvard Medical School seeks to institutionalize Culturally Competent Care Education in a more formal, sustainable and ongoing manner; this will involve certain changes in internal infrastructure, including appointing designated personnel, creating formal reporting relationships and lines of accountability, and making sure responsibility for the work resides with designated departments or offices.

With curriculum reform efforts currently underway, there is an immediate opportunity to promote this institutionalization. At this time, long-term support for key personnel, including a Chair and staff dedicated to Faculty Development, Curriculum Development, Synergies and Communications, and Evaluation and Research, is sought. In addition, support for a variety of well-conceived initiatives planned for the future, such as the development of CME curriculum and a Culturally Competent Care textbook, is needed. These future plans and others are presented in Sections II.E and II.F.

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[6] Liaison Committee on Medical Education, Functions and structure of a medical school: standards for accreditation of medical education programs leading to the MD degree. p13 2003. (http://www.lcme.org/functions2003july.pdf, viewed 4-27-06)

II. History and Accomplishments in Culturally Competent Care Education

A. External Milestones in Health Disparities and Cultural Competence

The importance of addressing health care disparities and promoting culturally competent care in medical education is evidenced and supported by many key milestones. The following are notable initiatives that have contributed to the current climate by acknowledging the importance of, and undertaking actions to promote, the reduction of health care disparities.

Institute of Medicine Reports

The landmark Institute of Medicine (IOM) report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, found considerable evidence that U.S. racial and ethnic minorities receive a lower quality of health services and have worse health status indicators as compared with white Americans.[7] Furthermore, the report asserts that differences in health care status by race exist even when insurance status, income, age, and severity of conditions are comparable. This report suggests that these disparities may be caused in part by conscious and unconscious bias on the part of the caregiver.

The report highlights differences by population in health care services. Minorities are less likely to be given appropriate cardiac medications or to undergo bypass surgery, and are less likely to receive kidney dialysis or transplants. In contrast, they are more likely to receive certain less-desirable procedures, such as lower limb amputations for diabetes and other conditions.

In addition, the IOM's 2001 report *Crossing the Quality Chasm* establishes aims for the 21st century health care system, stating that health care should be safe, effective, patient-centered, timely, efficient and equitable.[8] Regarding equitability, the report asserts that care should not vary in quality because of a patient's personal characteristics such as gender, ethnicity, geographic location and socioeconomic status.

The Sullivan Commission Report

The Sullivan Commission on Diversity in the Healthcare Workforce, which was convened with support from the W.K. Kellogg Foundation through a grant to Duke University School of Medicine, gathered testimonies from health, education, religious and business leaders; community and civil rights advocates; health care practitioners; and students. The resulting 2004 report, *Missing Persons: Minorities in the Health Professions* suggests that the make-up of the nation's health professions has not kept pace with the population's changing demographics, and that this has significantly contributed to health access and outcomes disparities.[9] It presents 37 recommendations for actions to address root causes of under-representation of minorities in health professions, including the idea that "diversity should be a core value in the health professions" and that the mission statements of health professions schools should include language reflecting this commitment.

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[7] Smedley BD, Stith, AY, Nelson AR eds. Unequal treatment: confronting racial and ethnic disparities in health care. Washington, DC: National Academies Press, 2003.

[8] Institute of Medicine. Crossing the quality chasm: a new health system for the 21st century. Washington, DC: National Academy Press, 2001.

[9] Sullivan Commission. Missing persons: minorities in the health professions. Washington, DC, 2004. (http://admissions.duhs.duke.edu/sullivancommission/documents/sullivan_final_report_000.pdf, viewed 3-28-06)

The Liaison Committee on Medical Education

The Liaison Committee on Medical Education, the accrediting authority for medical education programs leading to the M.D. degree in American and Canadian medical schools, has created standards that require cross-cultural curricula as part of undergraduate medical education.[10]

Specifically, Educational Directive 21 states that "…faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments." Educational Directive 22 states that "(m)edical students must learn…" [be taught] "…to recognize and appropriately address gender and cultural biases in themselves and others, and in the process of health care delivery."

As presented in Section II.D.2, Harvard Medical School has developed curricular content that meets these specific directives.

Fundamental Principles of Medical Professionalism

Medical Professionalism in the New Millennium: A Physician Charter is the product of a collaboration that began in 1999 among the American Board of Internal Medicine Foundation, the American College of Physicians Foundation and the European Federation of Internal Medicine.[11] In it, the Principle of Social Justice is cited as one of three fundamental principles "to which all medical professionals can and should aspire." According to this principle, "(p)hysicians should work actively to eliminate discrimination in health care whether based on race, gender, socioeconomic status, ethnicity, religion or any other social category."

This Charter was published simultaneously in 2002 in both *Annals of Internal Medicine* and *The Lancet*. The American Board of Internal Medicine reproduces and circulates this document annually.

U.S. Medical Education Programs

According to a published report in the *Journal of the American Medical Association*, of approximately 8,000 U.S. graduate medical education programs surveyed, just over 50% offered cultural competence training in 2003-2004.[12] This represents a 15% increase from 2000-2001.

Federal Agency Support

The National Center on Minority Health and Health Disparities (NCMHD), a subset of the National Institutes of Health (NIH), was established by the passage of the Minority Health and Health Disparities Research and Education Act of 2000. Its mission is to promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and ultimately eliminate health disparities.[13] Among NCMHD's charges is to develop culturally sensitive clinicians, dedicated to eradicating health disparities.[14]

Other evidence of federal agency support is demonstrated by the Office of Minority Health's hosting a Leadership Summit on Eliminating Racial and Ethnic Disparities in Health in January 2006. At the Summit, Dr. Carolyn Clancy, Director of the Agency for Healthcare Research and

[10] Liaison Committee on Medical Education, Functions and structure of a medical school: standards for accreditation of medical education programs leading to the MD degree. p13 2003. (http://www.lcme.org/functions2003july.pdf, viewed 4-27-06)

[11] Medical Professionalism Project. Medical professionalism in the new millennium: a physician charter. Ann Intern Med. 2002;135:243-246; Lancet 2002;359:520-522

[12] S.E. Brotherton, P.H. Rockey, and S.I. Etzel, US Graduate Medical Education: 2003-2004, JAMA 292(9) 2004: 1032-1037.

[13] http://ncmhd.nih.gov/, viewed 3-28-06

[14] http://www.nih.gov/about/almanac/organization/NCMHD.htm, viewed 3-28-06

Quality presented notable findings from the *National Healthcare Quality Report*[15] and the *National Healthcare Disparities Report.*[16] These December 2005 reports highlight the importance of physician-patient communications and promote a patient-centered approach in which the caregiver seeks to understand and respect the individual patient's unique needs and values.

The federal government's commitment to the elimination of health disparities is further demonstrated by the establishment of the National Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Minority Initiatives Coordinating Committee, which coordinates all of the Health and Human Services departmental minority health initiatives within CDC/ATSDR.[17] Among the Committee's core functions is implementing systems to monitor and evaluate the effectiveness of agency programs to reduce health disparities.

State Legislation

Through legislation signed in March 2005, starting in 2008, New Jersey will require physicians to have culturally competent care education and training in order to obtain a license or be re-licensed by the State Board of Medical Examiners.[18] The intent is to provide doctors with a better understanding of the different health-related cultural beliefs and expectations that patients bring to the medical encounter, and how different diseases affect diverse populations.

California and Washington have passed similar laws requiring culturally competent care content in Continuing Medical Education courses. As of March 2005, legislators in Arizona, Illinois and New York were considering similar bills.

Massachusetts State Legislature Special Commission

The Massachusetts State Legislature enacted a law establishing the Special Commission to Eliminate Racial and Ethnic Health Care Disparities in April 2004. The Commission, which includes representation from hospitals, health plans, government officials and people from disproportionately affected communities, convened its first meeting in November of 2004. If successful in its mission, Massachusetts will be the first state in the nation to have a comprehensive, state-wide plan to eliminate disparities.

Among the recommendations the Commission is considering is requiring health care professionals' licensing boards to develop regulations for ensuring that licensed health care professionals receive cultural competence training and education. Requirements for credentialing and licensure would include demonstration of specific cultural competencies and an understanding of health disparities.

In addition, changes relating to health disparities education requirements are also under consideration. Specifically, educational content related to the nature and causes of health disparities would be incorporated early on into the core curricula of medical, dental, nursing, allied health professions and public health schools.

Also under review is the prospect of convening the deans of the health professions schools and other experts to discuss and establish core standards for a curriculum, including the skills and knowledge needed to address health disparities and achieve cultural competency.

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[15] US DHHS Agency for Healthcare Research and Quality. 2005 National Healthcare Quality Report. AHRQ Publication No. 06-0018 2005. (http://www.ahrq.gov/qual/nhqr05/nhqr05.pdf, viewed 3-28-06)

[16] US DHHS Agency for Healthcare Research and Quality. 2005 National Healthcare Disparities Report. AHRQ Publication No. 06-0017 2005 (http://www.ahrq.gov/qual/nhdr05/nhdr05.pdf, viewed 3-28-06)

[17] http://www.cdc.gov/omh/CAMICC/CAMICCcharter.htm, viewed 3-28-06

[18] http://www.cmwf.org/tools/tools_show.htm?doc_id=305358, viewed 3-28-06

As presented in Section II.E**,** Future Plans, Harvard Medical School is well-positioned to provide Continuing Medical Education courses to meet these anticipated credentialing, licensing and health disparities education requirements, as well as to contribute to the development of core curriculum standards.

City of Boston, The Disparities Project

Through the Boston Public Health Commission Boston Mayor Thomas Menino convened a task force and involved many experts for 'The Disparities Project.'[19] This initiative has resulted in an analysis and presentation of disparities in Boston, and a plan to eliminate racial and ethnic disparities in health with action steps and recommendations for Boston hospitals. The City of Boston has awarded grants in support of local efforts aimed at addressing health disparities identified through the Project.

B. Milestones at Harvard Medical School-Affiliated Institutions

Massachusetts General Hospital

Massachusetts General Hospital established a system-wide Committee on Racial and Ethnic Disparities in 2003 to focus internal attention on the challenge of disparities, improve the collection of race/ethnicity data, and implement quality improvement programs to reduce disparities.[20] In July 2005, the Disparities Solutions Center, dedicated to the development and implementation of strategies that advance policy and practice to eliminate racial and ethnic disparities in health care, was established.[21] Among the Center's priorities is providing education and leadership training to expand the community of skilled individuals, including physicians, dedicated to eliminating health care disparities.

Brigham and Women's Hospital

Brigham and Women's Hospital requires doctors (medical staff and graduate medical trainees) to undergo training in workplace issues and in so doing, dictates standards for codes of behavior; the July 2004 *Just Doctors* manual is a key component of this training. The program emphasizes teamwork and professionalism, promotes diversity as meeting the needs of a multicultural society, and highlights the importance of having an inclusive, diverse workforce.

The hospital's commitment to having an inclusive, diverse workforce is further demonstrated by its current search for an academic leader to serve as the Director of Minority Faculty Development (MFD). The Director will lead a new interdepartmental initiative and will focus on the careers of underrepresented minorities to develop and implement strategies to facilitate the advancement of underrepresented minority faculty, establish and achieve recruitment and retention goals, and enhance minority faculty career satisfaction.

Beth Israel Deaconess Medical Center

Beth Israel Deaconess Medical Center's (BIDMC) efforts both to deliver culturally responsive care and to eliminate racial and health disparities are integrated throughout the institution's work rather than the purview of one or two departments. The Shapiro Institute for Education and Research offers many educational opportunities for cultural competency training and houses the Office of Faculty Development to advance specifically the careers of minority and women physicians. With the establishment of a new Board-level initiative, the Equitable Care and Cultural Competence Subcommittee, BIDMC underscores its commitment to reducing

[19] http://www.bphc.org/programs/program.asp?b=7&p=202, viewed 4-27-06
[20] http://www.mghdisparities.org/healthdisp/pdf/DisparitiesSolutionsCenterIntro.pdf, viewed 4-27-06
[21] http://www.massgeneral.org/pubaffairs/issues2005/072905disparities.htm, viewed 3-29-06

the unequal burden of health disparities and ensuring BIDMC's commitment to equal care for all.

In a related initiative, BIDMC released in May 2006 the second edition of its *Physician and Scientist Faculty Search Handbook*. This document underscores the institution's commitment to diversifying both its clinical and non-clinical faculty.

Harvard Medical School Center of Excellence in Women's Health

The Center of Excellence in Women's Health was established in 1998, bringing together faculty from Beth Israel Deaconess Medical Center, Brigham and Women's Hospital, Massachusetts General Hospital and Harvard Medical School through a common mission to improve the health status of diverse women across the life span.[22] The Center was designated a National Center of Excellence by the U.S. Department of Health and Human Services Office on Women's Health.

A major priority of the Center of Excellence in Women's Health is creating better programs and culturally-sensitive materials in women's health to educate the public. In addition, the Center at HMS, in conjunction with other Centers of Excellence in Women's Health sites in other regions, has designed a model curriculum to train health care providers about the unique needs of minority and other underserved women; the curriculum can be adopted for use in multiple educational settings within academic medical institutions and in other health care arenas.[23]

Children's Hospital Boston

Children's Hospital has identified two Co-Chairs to lead its new Diversity and Cultural Competency Council, which will be established July 1, 2006. Membership on the Council will be appointed by, and accountable to the hospital's Senior Leadership. The council has the clearly defined charge of assisting the hospital in developing and maintaining a workplace that supports and embraces diversity and culturally sensitive and competent clinical care, teaching and research, addressing potential disparities in health outcomes.

C. Milestones at Harvard Medical School in Culturally Competent Care Education

In the Spring of 1998, five faculty members submitted a comprehensive proposal to establish an Institute for Multiculturalism in Medical Education at Harvard Medical School. While this proposal, prepared by JudyAnn Bigby, MD; Roxana Llerena-Quinn, PhD; Kenneth Fox, MD; Daniel Goodenough, PhD; and Craig Boatman, PsyD, did not immediately result in the establishment of an Institute, it identified a clear and compelling need and presented the vision.

In 1999, Harvard Medical School embarked upon a medical education reform process, and in 2001 recognized culturally competent care education as an essential component of its ongoing curriculum reform. This medical education reform process continues and Harvard Medical School and its faculty have made considerable progress in promoting culturally competent care education, as evidenced by the following key milestones.

Establishment and Evolution of the Cultural Competent Care Education Committee

In the fall of 2001, Dr. Augustus A. White, Ellen and Melvin Gordon Professor of Medical Education, Professor of Orthopaedic Surgery, and Master of the Oliver Wendell Holmes Society, expressed to Dr. Daniel Lowenstein, then Dean for Medical Education, his interest in promoting

[22] http://www.hms.harvard.edu/coewh/about.html, viewed 3/29/06
[23] http://www.hms.harvard.edu/coewh/cultural/, viewed 3/29/06

Culturally Competent Care Education at Harvard Medical School. The Dean suggested that he convene an ad hoc Committee. Dr. White developed a Committee that was initially composed of approximately ten members including senior faculty, junior faculty and key administrators. This group met regularly to establish a strategic plan and begin the development and integration of cross-cultural training into the HMS curriculum.

The mission of the CCCEC is to foster the development of faculty and curriculum that prepare students with the knowledge, skills and attitudes to practice culturally competent medicine. This mission acknowledges that few faculty members have received culturally competent care training themselves, and therefore incorporates faculty development as an important component of this work.

Early in the establishment of the CCCEC, several key Subcommittees were formed, as follows: Faculty Development, Curriculum Development, Synergies and Communications, and Evaluation and Research. The work of these Subcommittees is presented in Section II.D. of this report.

In the Fall of 2003, the CCCEC was changed from ad hoc to full Committee status by Dr. Malcolm Cox (Dr. Lowenstein's successor as Dean for Medical Education) with representation on the Committee on Educational Policy (CEP). Following a recruiting effort, CCCEC membership expanded to approximately 90, including faculty and students who were identified as having interest in culturally competent care education, or doing related research at HMS and/or at a Harvard-affiliated hospital.

In the Fall of 2005, Dr. Jules Dienstag, the current Dean for Medical Education attended the Committee's retreat and requested that the CCCEC review case studies in order to recommend changes which would include opportunities for culturally competent care education in the Fundamentals of Medicine courses starting in the Fall of Academic Year '07. He also suggested that these recommendations be submitted to the HMS Curriculum Committee.

In the Spring of 2006, Dean Dienstag asked the CCCEC to review the content of the following the newly emerging required courses: 1) Medical Ethics & Professionalism, 2) Clinical Epidemiology & Population Health, 3) Introduction to Social Medicine, and 4) Health Care Policy & Managerial Sciences. He also expressed his continued support for the CCCEC and the many faculty and course directors who are applying their efforts to Culturally Competent Care Education at HMS.

Later in the Spring of 2006, Dean Dienstag named the CCCEC a Subcommittee of HMS' Curriculum Committee. This is a significant milestone in the integration of Culturally Competent Care Education into HMS' overall curriculum reform process.

<u>Harvard Medical School Leadership Endorsement and Support</u>

Harvard Medical School Dean for the Faculty of Medicine Joseph Martin has expressed support for culturally competent care education in key statements, including at the 2004 Medical Education Initiative Reform retreat. At this event, open to the entire Medical School community, Dean Martin highlighted culturally competent care as one of five great challenges facing medical education.

In the Spring of 2004, the Committee on Educational Policy (which governed curriculum development) decided to include cultural competence as one of six core competencies to be included in the revised curriculum.

Other leadership support was demonstrated by the Medical School in the Spring of 2004, when Jeffrey Newton, Dean for Resource Development, assigned Richard Cosnotti, Senior Philanthropic Advisor, to assistant on a consultative basis in fundraising efforts for the Cultural Competent Care Education initiative.

Assignment of Full-Time Administrative Fellow

Starting in July 2003, Harvard Medical School has co-funded with the University a full-time Administrative Fellow each academic year to support the work of the CCCEC. The Administrative Fellowship Program seeks to attract candidates, especially those from underrepresented ethnic minority groups and those committed to addressing the under-representation of ethnic minorities in university administration, to administrative careers in higher education. It offers a 12-month management experience complemented by a professional development program, and provides participants with the opportunity to work in an academic environment as a mid-level administrator. Fellows have made considerable contributions through their administrative activities and education-related research.

Culturally Competent Care Required Reading for Incoming Students

Prior to matriculation at Harvard Medical School, students are required to read the Institute of Medicine's landmark reports, *Unequal Treatment*[24] (previously discussed) as well as *To Err is Human: Building a Safer Health System.*[25] These reports underscore the importance of the delivery of culturally competent care and patient safety.

D. Current Status of Harvard Medical School Culturally Competent Care Education Committee Initiatives: Subcommittee Accomplishments

The Culturally Competent Care Education Committee is chaired by Dr. Augustus A. White, III, MD, PhD and is comprised of four Subcommittees, as follows:

1. Faculty Development (Janet Hafler, EdD, Chair; Alexander Green, MD, Vice-Chair)
2. Curriculum Development (Joseph R. Betancourt, MD, MPH, Chair; Antoinette Peters, PhD, Vice-Chair)
3. Synergies and Communications (Elizabeth Miller, MD, PhD, Roxana Llerena-Quinn, PhD, Co-Chairs)
4. Evaluation and Research (Ed Krupat, PhD, Chair)

This section presents key accomplishments, current status and anticipated future endeavors of each Subcommittee.

1. Faculty Development

The Faculty Development Subcommittee of the CCCEC is responsible for the development of a variety of faculty development programs and workshops. These programs and workshops are designed to provide faculty from Harvard affiliates with educational opportunities, tools and resources to improve their own understanding and practice of culturally competent care, and to improve their ability to teach cross-cultural care to medical students and colleagues. Faculty development is essential in all educational processes, and is particularly important in this context as faculty are for the most part being asked to teach something they were never taught themselves. The Faculty Development Subcommittee builds upon existing initiatives, and develops new educational programs to reach a broad audience, as demonstrated by the following highlights.

[24] Smedley BD, Stith, AY, Nelson AR eds. Unequal treatment: confronting racial and ethnic disparities in health care. Washington, DC: National Academies Press, 2003.

[25] Kohn LT, Corrigan JM, Donaldson MS eds. To err is human: building a safer health system. Washington, DC: National Academies Press, 2000.

Core Teaching Faculty in Culturally Competent Care Program

This program, piloted in 2004, was designed to meet the LCME's Educational Directives 21 and 22, previously described in Section II.A, that stipulate that schools must provide training in cultural competence, and that such training address the need for self-awareness and identification of personal bias.

This innovative program seeks to create a "Core" cohort of faculty trained to teach culturally competent care to HMS students and to other health care providers at their home institutions; it also seeks to train faculty who can be called upon to assist faculty colleagues. New faculty members are recruited to participate in the program, and experienced Core members participate in skill-building activities utilizing a "train the trainer" model.

Implemented for the first time in February and March of 2005, twenty-two faculty with an interest in culturally competent care education were recruited from across the HMS affiliated institutions. These faculty received substantial training in the area of cultural competence, and are currently teaching in the Longitudinal Sequence on Culturally Competent Care; the Longitudinal Sequence includes facilitating Breakout Sessions on disparities during Year I Student Orientation, precepting the Culturally Competent Care Station of the Objective Structured Clinical Exam (OSCE) for Year II students (discussed further in Section II.D.4) and facilitating breakout sessions on cross-cultural communication in the Patient-Doctor III course.

A workshop was conducted in Academic Year '06 that focused on an innovative e-learning program on cultural competence that all third year medical students will receive in their medicine clerkship. This initiative is described further in Section II.D.2, *Cultural Competence in Required Clerkships.*

Culturally Competent Care Curriculum Workshops

The Faculty Development Subcommittee has developed a series of Culturally Competent Care Curriculum Workshops designed to teach faculty how to better integrate cultural competence into classroom and clinical teaching. Faculty members receive instruction on the development of learning objectives and evaluation tools and on the creation of cultural competence content specific to their particular areas of expertise. Faculty participants work in teams to utilize resources such as the Tool for the Assessment of Cultural Competence Training (TACCT), described in Section II.D.2, and the Cross-Cultural Primer, discussed in this section, as well as to review relevant literature. One outcome of the workshop is the formation of a collaborative network of educational leaders through which information and curricular materials can be shared.

Self-Awareness and Cultural Identity in Medicine and Beyond

As with the *Core Teaching Faculty in Culturally Competent Care Program*, this self-awareness course was also piloted in 2004 and designed to meet the LCME's Educational Directives that call for schools to provide training in cultural competence, and address the need for self-awareness and identification of personal bias.

Faculty participate in self-reflection exercises exploring their own culture and family, and review and discuss literature on factors such as culture, race, ethnicity, gender and sexual orientation. They then become potential teachers of the student course, *Emerging a Culturally Competent Physician*, described in Section II.D.2. *Self-Awareness and Cultural Identity in Medicine and Beyond* is an intensive educational opportunity for faculty to increase their own awareness of cross-cultural issues and to become better teachers in this field. The CCCEC considers this faculty enrichment course to be particularly important and worthy of consideration as a model for other leading U.S. Medical Schools.

Culturally Competent Care Case Method Teaching

In March 2004, six culturally competent care case studies were developed by HMS students to examine the cultural biases of medical professionals in both the clinical and non-clinical settings. These cases have been used by faculty in developmental sessions with tutors, residents and students.

Culturally Competent Care Medical Education Grand Rounds

In recent years, two sessions on cross-cultural issues have been included in the HMS Office of Educational Development's Grand Rounds sessions. This valuable program brings together faculty from across HMS-affiliated institutions, presents cutting-edge research and information, and recognizes the important work being done by HMS faculty in culturally competent care education.

Cross-Cultural Education Primer

The Cross-Cultural Education Primer is a document that outlines a framework for how to care for patients from diverse sociocultural backgrounds. Specifically, the Primer provides guidance to faculty and students as to how to include cultural considerations in patient evaluation, management and communications. This tool has been incorporated as part of the Patient-Doctor II course, a semester-long course on patient-doctor communications and how to perform a physical exam. The Primer serves as an important teaching tool in preparing second year students for the Culturally Competent Care station in the Year II Objective Structured Clinical Exam (see Section II.D.4, Evaluation and Research.)

Copies of the Primer were sent to approximately 4,000 members of the Harvard community in 2004 through *Focus*, a bi-weekly journal of news and happenings at Harvard Medical, Dental and Public Health Schools. This teaching tool can be viewed through the CCCEC website at the following link: http://medweb.med.harvard.edu/cccec/teaching/primer/index.htm.

2. Curriculum Development

The Curriculum Development Subcommittee focuses on strengthening and formalizing existing areas of cross-cultural training and on developing new cross-cultural curricula. This Subcommittee promotes the inclusion of cultural competence training in both the preclinical and clinical settings and seeks to provide students with multiple opportunities to gain awareness of cultural issues and to reinforce their cross-cultural skills. Classroom experiences and community-based service learning opportunities are emphasized.

Some educational programming presented below incorporates use of the Association of American Medical College's Tool for the Assessment of Cultural Competence Training (TACCT). This tool enables the gathering of data about cultural competence training across the curriculum and informs the creation of comprehensive and developmentally appropriate educational programs.

Emerging a Culturally Competent Physician: Self-Awareness and Cultural Identity

This elective course, which has been offered to students since 2000, meets LCME Educational Directive 22, emphasizing the recognition and addressing of personal bias in health care delivery. The goals of the course are to develop an understanding of biomedicine as a cultural and social system, to increase students' understanding of their own cultural backgrounds, and to explore biases and dimensions of difference as they apply to the medical encounter. The CCCEC is working toward training enough faculty to teach this course as part of the core curriculum and has recommended that it become a requirement for all students.

Cultural Competence in Required Clerkships

Cultural competence activities and educational experiences are being incorporated into the required clerkships for Core Medicine, Psychiatry and Ob/Gyn. Starting in July 2006, all HMS students at all training sites will be required to complete a two-hour, case-based, interactive e-learning program in cultural competence as part of their Medicine I core clerkship. Providing three real patient cases that help teach both clinical and cultural competence, *Quality Interactions* aims to improve students' ability to communicate and care for individuals from diverse social and cultural backgrounds.

The Principal Clinical Experience in the revised curriculum emphasizes an extended engagement in one hospital with the opportunity to organize the clinical experience to involve longitudinal student development. Inclusion of culturally competent care education in these clinical experiences at the HMS teaching hospitals is planned for the future.

Spanish Language for Medical Professionals

The Division of Service Learning offers students intensive immersion courses that combine Spanish language learning and community service. These courses provide an opportunity to work with community agencies serving Latino populations in Boston and in Latin America.

Additionally, HMS offers a series of courses in Guatemala and Chile that involve Spanish learning or use of Spanish as the medium of communication. One course involves one full-time month of medical Spanish training. The course has been held in Guatemala for beginning Spanish speakers and in Chile for intermediate Spanish speakers for the past two years. Another course in the series is a two-month clinical elective course for HMS 4th year students.

Spirituality and Medicine

A Spirituality and Medicine elective course for students has been approved by the HMS Committee on Courses and Credits. The goal of the course will be to promote a better understanding of the role of spirituality in the medical encounter as a component of culturally competent care. The course will be discussion-based and involve faculty and students sharing their perspectives on this topic as it impacts their practice of medicine.

Culturally Competent Care Education Video and Syllabus

The CCCEC has produced a video that provides an introduction to culturally competent care education. This video elaborates on three fundamental questions: 1) What is Culturally Competent Care? 2) How does one teach it? and 3) Why does one teach it?

To enhance its use as a teaching tool, the Curriculum Development Subcommittee has created a syllabus to be paired with the video. The syllabus will provide faculty and students with discussion questions, references and other educational resources to help guide cross-cultural initiatives, and stimulate dialogue about the care of patients from diverse backgrounds.

Mentored Casebook Project

The overarching goal of the Mentored Clinical Casebook Project is to create an environment that encourages students to learn how to learn by allowing them to work with a clinical mentor and one of his or her patients through the academic year. The student is asked to identify all of the features of the patient's life situation that contribute to the pathogenesis and treatment of their illness by spending time with the patient during both clinical and home visits. Self-reflection is also important, and emphasis is placed on the students' own reactions to the patient and the investigation of the health care system as seen through the case of one individual, providing a fundamental, formative experience.

The student both orally presents the patient's story, and writes a casebook, consisting of a series of chapters covering the health care life of the patient. By studying one individual in great detail and by writing a book, the students form a framework of knowledge to which they will be able to refer throughout their careers. In doing so, they explore multiple aspects of a particular case at an impressionable stage in their education, gaining an awareness of the background that accompanies each patient to every future clinical encounter.

Culturally competent care education is an important component of this process. It will be particularly underscored when the patient being cared for is a member of one of the groups known to experience disparate health care (i.e., women; elderly people; poor people; people with disabilities; obese people; Asian-Americans; African-Americans; Latinos; Native Americans; immigrants; gay, lesbian, bi-sexual, transgendered (GBLT) individuals; some religious groups; and prisoners.)

Community-Engaged Care

The CCCEC collaborates closely with the Office of Enrichment Programs and Division of Service Learning to provide multiple opportunities for students to learn and participate in community-engaged care both locally and internationally. Service-learning is one method for bringing community-responsive care and awareness of social context into the teaching of medical students. Initiatives 1) through 4) below are examples of curricular projects, and 5) and 6) are extra-curricular projects:

1) Physician in Community Course

HMS's Division of Service Learning teaches first year students the theory and methods needed to engage in local and international service projects through a year-long course entitled "Physician in Community." While preparing community-based projects, students develop knowledge, skills and attitudes in community-oriented care, specifically awareness of social context and community needs, community partnership building, and advocacy. One of the key learning objectives of this course is to help students develop the ability to care for patients in the context of diverse communities while instilling in students a respect for an asset-focused approach to community partnership building to promote the health of communities.

2) Family Van Clerkship

The Family Van is a mobile health and social service program that has been serving the Dorchester, Roxbury and Mattapan areas of Boston for the past ten years. The Family Van Clerkship is an elective course that enables students to work on the van under physician faculty supervision. This clerkship promotes cultural competence using community-based health programs as the setting for developing an understanding of the unique needs and perspectives of patients in an identified community.

3) Health Literacy Internship

This year-long community service internship offers medical students exposure to concepts in health literacy, the importance of addressing health literacy and health communication issues, the use of medical interpreters, care for patients with limited English proficiency, and the challenges inherent in improving patient care and outcomes in populations with low health literacy. In the past, students in this internship have arranged for seminars and speakers on health literacy at the HMS campus.

4) Community Oriented Care: Integrating Cross-Cultural Care and Population Sciences into the Primary Care Clerkship

This clerkship offers a service-learning opportunity for medical students in their clinical years. Students are assigned to community-based practice sites and supervised by a primary care clerkship preceptor interested in teaching culturally responsive, community-oriented care. They attended monthly tutorials in which they learn principles of community health and how community-based perspectives can enhance health care for individuals and populations. As part of their primary care training, students also engage in a month long elective at their primary care site, conducting a community health project that addresses the needs of the community served.

5) Bridging the Gap

This student-initiated community service project connects medical students with incoming refugee and new immigrant families in two Massachusetts communities, Revere and Chelsea, to provide them with support, advocacy, and assistance with navigating the complex local health care and social service system. Through didactics and reflection workshops, students learn about refugee and immigrant health while providing much-needed support for these families as they settle in their new homes and communities.

6) Prevention and Access to Care and Treatment (PACT)

This community service project provides HIV/AIDS services to people in some of Boston's most underserved neighborhoods. Students, together with PACT staff, provide innovative HIV-related care and services including prevention, outreach, case management, directly observed therapy and leadership education. Students who volunteer in this program gain a community-based organization's perspective on addressing health disparities and providing cross-cultural care.

Other Curriculum Development Activities

Sessions on cultural competence are provided to students in the Year One Orientation, the Classroom to Clerkship transition course and the Social Medicine Commons Lecture Series. The Women's and Children's Health midweek session, which is part of the OB/Peds clerkship, also addresses culturally competent care, in addition to health policy and social aspects of obstetrics and infant care.

3. Synergies and Communications

The purpose of this Subcommittee is to facilitate synergies among individuals and groups working in culturally competent care education and to foster collaborative partnerships at HMS, its affiliates and beyond. Other goals are to disseminate knowledge about CCCEC activities and accomplishments, and to communicate across institutions to support existing initiatives and prevent duplicative efforts.

Culturally Competent Care Education Online Resource Center

In collaboration with the Office for Diversity and Community Partnership, the Synergies and Communications Subcommittee has created an Online Resource Center to share educational materials and exchange information on initiatives in culturally competent care education and training. This website (www.hms.harvard.edu/cccec) is publicly accessible for use by health care providers, medical educators, students, and others interested in the teaching and learning of cross-cultural care. It offers information about culturally competent care education teaching

tools and curriculum, evaluation tools and resources in HMS-affiliated hospitals. To date, the site has had over 12,000 hits.

Culturally Competent Care Incident Reports

A column entitled "Incident Report" made its first appearance in the Harvard publication *Focus* in February 2003. The column provides a public forum for reflection on real incidents of challenging cross-cultural encounters experienced by students and faculty. The original source of these incidents was an informal survey conducted by a former HMS Dean for Diversity. More recently, members of the Synergies and Communications Subcommittee have completed a new survey of "critical incidents" using the Culturally Competent Care Education Online Resource Center to gather narratives.

CCCEC Newsletters

Beginning in Spring of 2005, the Synergies and Communications Subcommittee developed and disseminated a newsletter, which included an explanation of the CCCEC's work, a message from the Chairman and Subcommittee updates. The second newsletter has been developed and can be viewed through the Online Resource Center website at: www.hms.harvard.edu/cccec.

4. Evaluation and Research

The purpose of the Evaluation and Research Subcommittee is to monitor the efficacy of culturally competent care education initiatives utilizing various research evaluation methodologies to study faculty, students and curriculum.

Year II Objective Structured Clinical Exam Station

A Cross-Cultural Objective Structured Clinical Exam (OSCE) station designed to evaluate student cultural competence has been part of the examination of second year medical students since 2003. The OSCE is an evaluation technique developed to assess student performance in simulated medical scenarios using standardized patients. This test is considered the best way to evaluate students' clinical skills.

The second year OSCE at HMS presents students with a series of stations in which they are asked to perform a history and focused physical and are assessed on these skills as well as their ability to communicate. A cultural competence OSCE station, involving the evaluation of a Latina woman with poorly controlled hypertension and numerous sociocultural barriers to adhering to her antihypertensive regimen, has been developed. Most recently, simplifications and clarifications to the introduction, instructions and faculty feedback have been made. In addition, other OSCE stations have been reviewed to diversify the racial/ethnic make-up of the cases so that cultural competence issues are dispersed, and not limited exclusively to one station.

Year IV Comprehensive Exam OSCE

With a cultural competence station successfully integrated into the Year II OSCE, the Evaluation and Research Subcommittee is working to develop an OSCE case that features the assessment of cultural competence for the fourth-year Comprehensive Exam (a graduation requirement for all HMS students). The Comprehensive Exam is an evaluation of clinical competency and prepares students for the clinical skills portion of the United States Medical Licensing Exam.

The new station involves a live interaction with an older Muslim patient from Egypt whose fasting for the month of Ramadan may be contributing to worsening congestive heart failure. Piloting of this station is planned for August 2006.

United States Medical Licensing Exam (USMLE) Clinical Skills Exam Research

The National Board of Medical Examiners (NBME), which administers the USMLE, has recently added a clinical skills exam (Step IICS) that all students must pass in order to be licensed to practice medicine in the U.S. Similar to the HMS Comprehensive Exam, this test requires students to demonstrate good clinical and communication skills in a series of twelve stations. In this nationwide exam students interact with patients of different races and ethnicities. The NBME has acknowledged the importance of cultural competency in a formal letter following an inquiry by the HMS CCCEC. However, to date no formal or systematic analyses of the impact of race and ethnicity in the context of this exam have been reported.

Recently the Chair of the Evaluation and Research Subcommittee led a delegation to discuss with the leaders of the NBME the feasibility of conducting research to determine the impact of race and ethnicity in this exam. Such research might lead to changes in the exam; it may also help to better understand the root causes of racial and ethnic disparities in health care and to promote the development of targeted educational interventions to prevent them at the level of the patient-doctor interaction.

Cross-Cultural Primer Workshop Evaluation

The Evaluation and Research Subcommittee of the CCCEC has evaluated the impact of a two-hour video-based cultural competence educational workshop specifically focused on improving cross-cultural communication skills around medication adherence (i.e. compliance). Using a pseudo-randomized, controlled educational study, researchers compared 44 students who completed the workshop during their Patient-Doctor II clinical experience at Massachusetts General Hospital with 127 students at other sites who received the standard curriculum. The study found that the MGH students scored higher on specific measures, suggesting that the two-hour workshop can improve students cross-cultural communication skills related to medication adherence.

Evaluation by Students

In order to obtain feedback on the efficacy of the curriculum, a question regarding the frequency with which cultural issues are addressed within the preclinical curriculum is now included in all course evaluations completed by students. The Evaluation and Research Subcommittee seeks to expand the scope of evaluation to determine how effectively instructors are addressing issues related to culture and/or ethnicity as they relate to topics in each class and clinical clerkship.

5. Other Key Accomplishments

Please see Appendix Two for a listing of scholarly contributions.

Table of CCCEC Subcommittee Initiatives and Related Status

Subcommittee	Established	In Development	Planned for the Future
Faculty Development	Core Teaching Faculty in Culturally Competent Care Program Self-Awareness and Cultural Identity in Medicine and Beyond Culturally Competent Care Case Method Teaching Culturally Competent Care Medical Education Grand Rounds		
Curriculum Development	Cross-Cultural Education Primer Emerging a Culturally Competent Physician: Self-Awareness and Cultural Identity Cultural Competence in Required Clerkships: Psychiatry, OB/Gyn, and Internal Medicine Spanish Language for Medical Professionals Culturally Competent Care Education Video and Syllabus Family Van Clerkship Health Literacy Internship Community Oriented Care: Integrating Cross-Cultural Care and Population Sciences into the Primary Care Clerkship (PCC) Mentored Casebook Project Classroom to Clerkship transition course Year I Orientation Social Medicine Commons Lecture Series Women's and Children's Health midweek session	Use of the Association of American Medical College's Tool for the Assessment of Cultural Competence Training (TACCT)	Spirituality and Medicine elective Inclusion of Culturally Competent Care Education in the Basic Science Curriculum (Fundamentals of Medicine, FOM) Inclusion of Culturally Competent Care Education in the following courses: 1) Medical Ethics & Professionalism, 2) Clinical Epidemiology & Population Health, 3) Introduction to Social Medicine, and 4) Health Care Policy & Managerial Sciences.
Synergies and Communications	CCCE Online Resource Center CCC Incident Reports CCCEC Newsletters		Increased synergies, communication and collaboration among various CCC education units
Evaluation and Research	Year II Objective Structured Clinical Exam (OSCE) Station Cross Cultural Primer Workshop Evaluation	Year IV OSCE Station	United States Medical Licensing Exam (USMLE) Research

E. Future Plans

The CCCEC anticipates continued growth and development, both within the scope of work managed by particular Subcommittees and more broadly. The following are among the planned initiatives.

Continuing Medical Education Course on Culturally Competent Care

As the field of cultural competence grows, so to does the need for quality training programs for physicians and other health care providers. This is particularly relevant (as previously discussed in Section II.A) in consideration of 1) legislation passed in New Jersey that requires training in cultural competence as a condition of medical licensure and re-licensure, 2) bills passed in California and Washington requiring cultural competent content in Continuing Medical Education, and 3) the fact that similar legislation is being considered in Massachusetts and other areas of the nation.

In the future, CCCEC anticipates developing a multi-day CME course that will present health care providers with the fundamentals of what it means to provide culturally competent care. The goal of the course will be twofold: (1) to supply practitioners with the tools they need to become more culturally competent, thereby increasing the likelihood of being able to provide the highest quality care to *all* patients, and (2) providing the skills that enable faculty to better teach medical students, residents, fellows and others about cross-cultural care. Embedded within this CME course will be a curriculum development program to assist faculty with the creation of cultural competence materials specific to their particular needs.

Culturally Competent Care Casebook

The CCCEC also plans to develop a book of cases that have cross-cultural issues as central learning objectives. The case-based method of teaching and learning has a long history at Harvard Medical School that dates back to the advent of the New Pathway Curriculum. The Culturally Competent Care Casebook will feature case narratives and instructional materials relevant to a variety of medical specialty areas, to be used by clinical teaching faculty, thus increasing the integration of cultural competence across the clinical curriculum.

Culturally Competent Care Textbook

The CCCEC intends to develop a textbook that explores key themes of cultural competence in health care, including how to define cultural competence in medical education, the importance of providing culturally competent care, how to become culturally competent, and how medical professionals can teach culturally competent care effectively. The goal of the textbook will be to provide health care professionals with the knowledge, attitudes and skills needed to become culturally competent providers.

It is possible that a scholarly contribution by a student of a chapter in the textbook will qualify as an in-depth student experience; the in-depth student experience is an intensive thesis-like project for which the student receives academic credit. Such a chapter would be developed in collaboration with a faculty member.

Cultural Competence in Context

The CCCEC will develop a new course for students that explores the concept of cultural competence within a larger societal context, including institutions and health care systems. A group of multi-disciplinary health care providers will be recruited to develop course content from a variety of perspectives. Each contributor will assemble relevant research and personal clinical experience to inform the discussion.

CCCEC Review of Required Courses for Culturally Competent Care Content

In the future, the CCCEC will be reviewing the curricula for Medical Ethics & Professionalism, Clinical Epidemiology & Population Health, Introduction to Social Medicine, and Health Care Policy & Managerial Sciences to ensure the well-planned inclusion of various aspects of Culturally Competent Care Education.

HMS Student Town Forum on Achieving Cultural Competence

Per the CCCEC's invitation, HMS student leaders organized a town forum to facilitate a dialogue, gather suggestions and develop strategies for how they can achieve cultural competence. As a follow-up, they have created a summary report with recommendations, which has been presented to the Dean for Medical Education and the CCCEC for review.

F. Discussion and Conclusion

Culturally Competent Care Education is a means of addressing health care disparities that is essential not only for the health and well-being of the nation, but also for the effective promotion of global health. The need for it is evidenced by the fact that health care disparities have been identified in the following 13 groups of individuals: women; elderly people; poor people; people with disabilities; obese people; Asian-Americans; African-Americans; Latinos; Native Americans; immigrants; gay, lesbian, bi-sexual, transgendered (GBLT) individuals; some religious groups; and prisoners.

The need for Culturally Competent Care Education is further underscored by numerous emerging efforts and changes in policy that are occurring within federal, state and local government agencies, as well as various organizations engaged in the education, credentialing, licensing and professionalism of physicians.

The task is a challenging one, requiring broad organizational behavior and culture change in medical schools, hospitals and other health care institutions. Contributing to the challenge is the fact that Culturally Competent Care is not easily taught or learned, and the majority of medical school faculty has not thus far been taught about the provision of Culturally Competent Care themselves.

Reducing health care disparities is an ambitious aspiration, but *it is achievable*. Harvard Medical School, as a function of its history of developing leaders in medicine, is uniquely situated to be an influential agent promoting positive change in this arena. Through the CCCEC, Harvard Medical School has established the foundation of an effective system for addressing health care disparities through education. It has accomplished this through a broad-spectrum, multifaceted approach involving initiatives in Faculty Development, Curriculum Development, Synergies and Communications, and Evaluation and Research.

The accomplishments described in this report in part are the result of the generosity of several key internal and external partners who have provided start-up funding for a variety of initiatives. These successes, however, are also the product of considerable faculty and staff voluntarism; numerous dedicated individuals, including the CCCEC Subcommittee Chairs and Co-Chairs have made contributions of time, energy, expertise and funding.

Prospectively, Harvard Medical School seeks to institutionalize Culturally Competent Care Education in a more formal, sustainable and ongoing manner. This will involve certain changes in internal infrastructure, including appointing designated personnel, creating formal reporting relationships and lines of accountability, and making sure responsibility for the work resides with designated departments or offices Formal institutionalization is essential for ensuring that progress toward achieving the following goals will continue:

- To integrate into the HMS curriculum educational and experiential opportunities for medical students that 1) increase their knowledge about the ways in which culture impacts the medical encounter, 2) increase their awareness of, and willingness to address, cultural issues in the medical encounter, and 3) improve their skills in providing culturally competent care to all patients;
- To develop and implement training programs for faculty that 1) improve their own knowledge, attitudes and skills in cross-cultural care, 2) enhance their ability to teach medical students in these areas, and 3) enable faculty to train other faculty healthcare providers to become more culturally competent;
- To evaluate and assess cross-cultural teaching and training across the curriculum;
- To produce scholarly research on the efficacy of Culturally Competent Care Education programs and their impact on patient care;
- To act as a resource for HMS affiliated institutions, and providers interested in Culturally Competent Care Education using a multi-disciplinary approach that will ultimately involve collaboration with other schools within Harvard; and,
- To collaborate with other entities such as the HMS Division of Service Learning, the Center of Excellence in Minority Health and Health Disparities, and the MGH Disparities Solutions Center, toward the goal of reducing health disparities.

By meeting these goals, Harvard Medical School will achieve the following outcomes: 1) Students will graduate with experience, skills and knowledge in cross-cultural health care to better serve their diverse patient populations; 2) Faculty will have improved their capacity to provide culturally competent care that reduces disparities in treatment and to be better teachers of cross-cultural care; and 3) Models of effective cross-cultural training that can be adapted nationally and applied globally to promote better patient care for culturally diverse populations will be developed.

In order to realize these goals and outcomes, Harvard Medical School seeks two primary types of support:

1. Institutionalization of Culturally Competent Care Education by obtaining funding for key personnel, including a Chair and staff dedicated to Faculty Development, Curriculum Development, Synergies and Communications, and Evaluation and Research.
2. Project Support for specific initiatives that will advance the Committee's programmatic objectives, such as those listed in Section II.E, Future Plans.

Harvard Medical School welcomes the opportunity to discuss its Culturally Competent Care Education initiatives and related collaborative opportunities with interested parties. For more information, please contact Emily Rickards, Manager of HMS Academy Programs at (617) 432-5409, or by email at emily_rickards@hms.harvard.edu.

APPENDIX ONE: CCCEC Committee and Subcommittee Members

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