

## Culturally-Responsive Organizations: A Literature Review

This literature review is a condensed version of an extended review, the Protocol for Culturally Responsive Organizations, which was developed at the request of the Coalition of Communities of Color by the Center to Advance Racial Equity (CARE) at Portland State University. This Protocol was developed to improve the quality of services available to communities of color in mainstream health and human services.

To achieve this, researchers evaluated the literature available that provides evidence of the effectiveness of various interventions. Priority was given to the literatures on culturally-responsive service delivery (which has been thin) and culturally-competent services (which while abundantly written about, relatively little exists that has provided convincing evidence of its effectiveness). Research has been primarily conducted in the field of health services, with fewer articles that are research based from the fields of child welfare, parent skills training and a few in other places.

The research studies have primarily determined success in cultural responsiveness in two areas: improvement of health conditions or presenting problems, and client satisfaction with services. Fewer still have confirmed successful outcomes in a pre- and post-intervention situation, with the majority looking retrospectively on the ways in which service users value the interventions. The “thinness” of this overall literature of evidence led researchers to review at considerable depth the existing protocols, standards, and guides that have been developed for this work and for related work in the national arena and state level.

This literature review is intended to provide a quick reference guide to the research that has been done on culturally-responsive organizations and services.

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## A: Organizational Commitment, Leadership and Governance

Organizational commitment, leadership and governance is demonstrated through accountability measures and policies aimed at promoting cultural responsiveness at the highest level of organizational leadership (e.g., Board of Directors, CEOs).

Culturally-responsive organizational commitment, leadership and governance is demonstrated through:

- Public values statements that foreground language of diversity and inclusion, visibly and regularly reinforced by CEOs and executives <sup>A1, A2, A3</sup>
- Accountability—including of CEO to Board of Directors and of executives to CEO—for progress towards measurably improved cultural responsiveness, reflected in performance evaluations and awarding of bonuses <sup>A1, A2, A3</sup>
- Empowered advisory committee tasked with promoting and measuring cultural responsiveness throughout the organization <sup>A3</sup>
- Diversity is privileged and represented in Board recruitment and membership, as well as recruitment and promotion of executive staff <sup>A1, A3</sup>
- Managers trained in cultural competence, including identifying and avoiding micro-aggressions, and including among managers from the dominant culture <sup>A1, A2, A3</sup>
- Board, CEO, executives and managers exhibit understanding of and commitment to meeting cultural, linguistic, and service needs of communities <sup>A3</sup>

A1. ORC Worldwide (2008). The impact of senior leadership commitment on diversity and inclusion: Global equality, diversity and inclusion practice. Downloaded from [www.ircounselors.org/IRC-Leadership-Diversity-Study-2008.pdf](http://www.ircounselors.org/IRC-Leadership-Diversity-Study-2008.pdf).

A2. DiversityInc (2009). How leadership expresses diversity commitment. Downloaded on March 21, 2013 from <http://www.diversityinc.com/leadership/diversityinc-special-report-how-leadership-expresses-diversity-commitment/>.

A3. Siegel, C., Haugland, G., & Chambers, E.D. (2003). Performance measures and their benchmarks for assessing organizational cultural competency in behavioral health care service delivery. *Administration and Policy in Mental Health and Mental Health Services Research* 31(2), 141-70.

## B: Racial Equity Policies and Implementation Practices

Racial equity policies and implementation practices involve specific procedural requirements intended to clearly commit to the operationalization of racial equity mandates through policies, data systems, training, human resource improvements, budgeting, service-based practice competencies, community engagement and accountability structures.

Racial equity policies and implementation practices believed to be effective include:

- Accurate, comprehensive data systems to document disparities and their sources <sup>B1, B2, B3</sup>
- Leadership development <sup>B2, B2</sup>
- Culturally competent workforce committed to the long-term work towards racial equity <sup>B1, B2, B3</sup>
- Community engagement <sup>B1, B2</sup>
- Collaboration with other organizations serving the same population <sup>B1, B2</sup>
- Building organizational awareness of the histories of racism, racial dynamics, and strategies to undo racism, including strategies for staff within the organization <sup>B1, B2, B3</sup>

**B1. Texas Department of Human Services, 2013**

**B2. Annie E. Casey Foundation**

**B3. Burns Institute**

## C: Organizational Climate, Culture and Communications

While difficult to easily measure or describe, organizational climate and culture relate to the level of inclusion and acceptance of communities of color within an organization.

Policies, vision, and practices association with the promotion of organizational climate, culture and communications beneficial to communities of color include:

- Develop a shared vision and plan to promote, enhance and sustain a positive climate <sup>C1</sup>
- Develop policies that promote social, emotional, ethical, civic, and intellectual benefits for communities of color, including systems that address barriers to these elements <sup>C1</sup>
- Create an environment where all members are welcomed, supported, and feel safe socially, emotionally, intellectually and physically <sup>C1</sup>
- Develop meaningful and engaging practices, activities and norms that promote social and civic responsibilities and a commitment to social justice <sup>C1</sup>

C1. National School Climate Council (2009). *National school climate standards: Benchmarks to promote effective teaching, learning and comprehensive school improvement*. New York: Center for Social and Emotional Education.

## D: Service-Based Equity, Sub-Domain 1: Workers Have Knowledge of Community

It is essential that health care workers understand the history, policy experiences, local culture, disparities, and priorities for reform to be responsive to needs of specific communities being served and to provide the most effective services.

Each community's specific differences need to be understood by workers. Some examples from various service fields include:

- Nurses working in New Zealand need to understand the cultural needs of Maori patients to adequately address disproportionate rates of mental illness among the Maori population.<sup>D1</sup>
- Health care workers who provide care to Hmong patients should consider ways to integrate Western medicine with traditional Hmong healers and medicines to build trust with clients and improve compliance. In addition, face-to-face encounters with physicians and interpreters help to create trusting relationships with Hmong patients. Also, providing health care workers of the same gender as the patient, providing translated written materials, not calling Hmong women by their first names, and providing opportunities to recuperate at home are best practices in working with Hmong patients.<sup>D2</sup>
- Among Mexican-American patients with diabetes, a culturally competent diabetes intervention employed bilingual nurses, dieticians, and Mexican-American community workers (themselves diagnosed with diabetes) to educate clients about self-management of diabetes. Patients in this program saw improved health outcomes and increased diabetes knowledge compared to a control group.<sup>D3</sup> Similarly, a program with lay Mexican-American health educators who led diabetes education classes with fellow Mexican-Americans resulted in participants with significantly improved health outcome indicators when compared to control participants.<sup>D4</sup>
- A culturally-specific program for African American women survivors of domestic violence hired mostly African American staff, used curriculum imbued with African American culture, history, lifestyles, and experiences, and provided an Afrocentric office environment. Survivors reported that these elements assisted in their healing and helped them feel welcome, as though services had been designed especially for them.<sup>D5</sup>
- Child welfare workers in Illinois were paired with trained advocates from the Native American community to provide cultural knowledge and expertise for cases with Native American children. While an effective collaboration ensued, specific impacts on clients were not measured.<sup>D6</sup>
- Among providers of homeless services to Aboriginal communities in Canada, clients who worked with Aboriginal staff noted fewer cultural barriers to healing and a greater ability of staff to support clients' cultural and spiritual needs. Both Aboriginal and non-Aboriginal staff noted the importance of "knowing cultural ways rather than cultural facts" and staff attended a day of Aboriginal Awareness led by Elders of Aboriginal communities. Recommendations included embedding elders and ceremony into agency structures, developing service evaluations, and promoting partnerships between Aboriginal and non-Aboriginal organizations.<sup>D7</sup>

- D1. O'Brien, A.P., Boddy, J.M., & Hardy, D.J. (2007). Culturally specific process measures to improve mental health clinical practice: indigenous focus. *Australian New Zealand Journal of Psychiatry*, 41(8), 667-674. doi: 10.1080/00048670701449211
- D2. Parker, M. & Kiatoukaysy, L. N. (1999). Culturally responsive health care: the example of the Hmong in America. *Journal of the American Academy of Nurse Practitioners*, 11(12), 511-518.
- D3. Brown, S.A., Garcia, A.A., Kouzekanani, K., & Hanis, C. L. (2002). Culturally competent diabetes self-management education for Mexican Americans: the Starr County border health initiative. *Diabetes Care*, 25(2), 259-268.
- D4. Philis-Tsimikas, Fortmann, Lleba-Ocana, Walker & Gallo (2011).
- D5. Gillum, T. L. (2008). The benefits of a culturally specific intimate partner violence intervention for African American survivors. *Violence Against Women*, 14(8), 917-943. doi: 10.1177/1077801208321982.
- D6. Mindell, R., Vidal de Haymes, M., & Francisco, D. (2003). A culturally responsive practice model for urban Indian child welfare services. *Child Welfare*, 82(2), 201-217.
- D7. McCallum, K., Isaac, D., & Centre for Native Policy and Research Social Planning, Research Council of British Columbia (2011). Feeling home: culturally responsive approaches to aboriginal homelessness, research report. Retrieved from <http://site.ebrary.com/id/10491052>

## E: Service-Based Equity, Sub-Domain 2: Self-Knowledge of Biases and Differences

Self-knowledge of biases and differences relates to the extent to which service providers have confidence and effectiveness in their abilities to be culturally competent to communities that they serve.

Although very little evidence exists on interventions focused on self-knowledge of biases and differences among health care providers,<sup>E1</sup> other studies have shown benefits of self-awareness among service providers:

- Providers in clinics that offered culturally competent settings were more likely to have culturally competent attitudes and behaviors; in addition, providers reporting an understanding of white privilege reported more confidence in their treatment of diverse and underprivileged patients.<sup>E2</sup>
- However, researchers have found that self-reporting methods are not as effective for assessing attitudinal changes following culturally competent training as actual observation by supervisors.<sup>E3</sup>
- Research does show that personal biases can be unlearned and prejudice reduced through motivators that tap into the values of inclusion, prejudice reduction and an emphasis on counter-narratives that highlight capacities of communities of color.<sup>E4</sup> Leaders that articulate benefits of inclusion and prejudice reduction, while valuing the assets of those with marginal identities, are beneficial in reducing biases in workplace environments.<sup>E5</sup>
- While providers who remain flexible in services to adjust to differing cultural contexts are more successful in reducing disparities among service users, a meta-analysis of research shows no “correct” pathways towards racial equity.<sup>E6</sup>

E1. Anderson, L. M., Scrimshaw, S. C., Fullilove, M. T., Fielding, J. E., Normand, J., & Task Force on Community Preventive Services. (2003). Culturally competent healthcare systems. A systematic review. *American journal of preventive medicine*, 24(3), 68-79.

E2. Paez, K. A., Allen, J. K., Carson, K. A., & Cooper, L. A. (2008). Provider and clinic cultural competence in a primary care setting. *Soc Sci Med*, 66(5), 1204-1216. doi: 10.1016/j.socscimed.2007.11.027

E3. Paul, C. R., Devries, J., Fliegel, J., Van Cleave, J., & Kish, J. (2008). Evaluation of a culturally effective health care curriculum integrated into a core pediatric clerkship. *Ambulatory Pediatrics*, 8(3), 195-199. doi: 10.1016/j.ambp.2007.12.007

E4. Lai, C. K., Hoffman, K. M., & Nosek, B. A. (2013). Reducing implicit prejudice. *Social and Personality Psychology Compass*, 7, 315-330 and Lai, C., Marini, M, Lehr, S., Cerruti, C., Shin, J., Joy-Gaba, J., Ho, A. et al., (2013). *Reducing implicit racial preferences: A comparative investigation of 18 interventions*. Charlottesville, VA: Project Implicit.

E5. Legault, L., Gutsell, J. & Inzlicht, M. (2011). Ironic effects of antiprejudice messages: How motivational interventions can reduce (but also increase) prejudice. *Psychological Science*, 22(12) 1472–1477.

E6. Snowden, L. & Yamada, A. (2005). Cultural differences in access to care. *Annual Review of Clinical Psychology*, 1, 143-166.



## F: Service-Based Equity, Sub-Domain 3: Language Accessibility for Service Users

The ability for service users to be provided services and information in a language in which they understand is a simple but important aspect of culturally responsive service provision.<sup>F1, F2, F3</sup> This includes printed materials, trainings, classes, meetings, and evaluation interviews, as well as interpreters who are cultural facilitators rather than just language translators.<sup>F8</sup>

- Higher quality interpretation services have been associated with higher satisfaction among health care patients, with patients most satisfied when matched with a physician who speaks their language.<sup>F4, F6</sup>
- Providing language-concordant doctors or the availability of bilingual staff and translation accessibility has been shown to improve some clinical, behavioral, and knowledge-related outcomes as well.<sup>F5</sup> Language-concordant doctors are more likely to recommend follow-up appointments with patients than are doctors who need or use interpreters.<sup>F7</sup> However, interpreters still result in improved communication and accurate diagnoses.<sup>F9</sup>
- Conversely, when matched with language-discordant physicians, health care patients receive inferior care and suffer worse health outcomes with increased costs.<sup>F7</sup>

F1. Garrett, P. W., Dickson, H. G., Lis-Young, Whelan, A. K., & Roberto-Forero. (2008). What do non-English-speaking patients value in acute care? Cultural competency from the patient's perspective: a qualitative study. *Ethnicity & Health*, 13(5), 479-496.

F2. Betancourt, J. R., Green, A. R., Carrillo, J. E., & Ananeh-Firempong, O. (2003). Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Rep*, 118(4), 293-302.

F3. Parker, M., & Kiatoukaysy, L. N. (1999). Culturally responsive health care: the example of the Hmong in America. *Journal of the American Academy of Nurse Practitioners*, 11(12), 511-518.

F4. Brach, C., & Fraser, I. (2000). Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. *Medical Care Research and Review*, 57, 181-217. doi: 10.1177/107755800773743655

F5. Whittemore, R. (2007). Culturally competent interventions for Hispanic adults with type 2 diabetes: A systematic review. *Journal of Transcultural Nursing*, 18(2), 157-166. doi: 10.1177/1043659606298615

F6. Flores, G., Abreu, M., Schwartz, A., & Hill, M. (2000). The importance of language and culture in pediatric care: Case studies from the Latino community. *Journal of Pediatrics*, 137(6), 842-848. doi: 10.1067/mpd.2000.109150

F7. Anderson, L. M., Scrimshaw, S. C., Fullilove, M. T., Fielding, J. E., Normand, J., & Task Force on Community Preventive Services. (2003). Culturally competent healthcare systems. A systematic review. *American Journal of Preventive Medicine*, 24(3), 68-79.

F8. Ceballos, P. L., & Bratton, S. C. (2010). Empowering Latino Families: Effects of a Culturally Responsive Intervention for Low-income Immigrant Latino Parents on Children's Behaviors and Parental Stress. *Psychology in the Schools*, 47(8), 761-775. doi: 10.1002/pits.20502

F9. Wu, E., & Martinez, M. (2006). Taking cultural competency from theory to action (Vol. 38). [New York, N.Y.]: Commonwealth Fund.

## G: Service-Based Equity, Sub-Domain 4: Health Literacy Issues

When it comes to health literacy initiatives, culturally-responsive programs specifically designed for marginalized communities have been shown to be effective. Such programs may be provided in languages familiar to service users, may incorporate cultural messages or histories specific to communities served, and/or involve peer mentors or advocates from the same community as the service user.

Some community-specific examples include:

- Lower parent-child relational stress and child behavioral problems were reported among Latino parents who utilized a play therapy program specifically adapted for Latino populations and translated into Spanish.<sup>G1</sup>
- Among African American smokers, perceptions of risk, intentions to quit smoking, and smoking-related knowledge were influenced by a culturally-specific smoking cessation program.<sup>G2</sup>
- Positive changes in diabetes self-management were seen among Mexican American diabetes patients who completed a culturally competent and bilingual education and self-management program.<sup>G3</sup> A separate study found improved diabetes-related health indicators among Mexican American patients who received a diabetes education curriculum, training, materials, and peer support group in Spanish.<sup>G4</sup>

G1. Ceballos, P. L., & Bratton, S. C. (2010). Empowering Latino families: Effects of a culturally responsive intervention for low-income immigrant Latino parents on children's behaviors and parental stress. *Psychology in the Schools*, 47(8), 761-775. doi: 10.1002/pits.20502

G2. Webb, M. S., Baker, E. A., & Rodriguez de Ybarra, D. (2010). Effects of culturally specific cessation messages on theoretical antecedents of behavior among low-income African American smokers. *Psychology of Addictive Behaviors*, 24(2), 333-341. doi: 10.1037/a0018700

G3. Brown, S. A., Garcia, A. A., Kouzekanani, K., & Hanis, C. L. (2002). Culturally competent diabetes self-management education for Mexican Americans: the Starr County border health initiative. *Diabetes Care*, 25(2), 259-268, and Brown, S. A., & Hanis, C. L. (1999). Culturally competent diabetes education for Mexican Americans: the Starr County Study. *Diabetes Education*, 25(2), 226-236.

G4. Philis-Tsimikas, A., Fortmann, A., Lleba-Ocana, L., Walker, C., & Gallo, L. C. (2011). Peer-led diabetes education programs in high-risk Mexican Americans improve glycemic control compared with standard approaches: A Project Dulce Promotora randomized trial. *Diabetes Care*, 34(9), 1926-1931. doi: 10.2337/dc10-2081.

## H: Service User Voice and Influence: Summary

Culturally-responsive services may utilize service user voice in a variety of ways: to inform models, frameworks, and practices; to better understand service user definitions of quality care; to validate assessment tools; and to inform policy practices. However, researchers warn against applying findings from service users in one community to users in other communities, as each specific community's voices should be included as separate and unique.

- Service user voice has been used in assessment tool validation;<sup>H1,H2</sup> to inform further research for model, intervention and tool development;<sup>H3,H4</sup> and to guide enhancements to practice, environment, and service delivery.<sup>H5, H6, H7</sup>
- Service user voice has also been used in health care contexts to gather information about traditional practices or medicines that are considered harmful by mainstream health care providers.<sup>H8</sup>
- Service user voice has been noted to be beneficial in the context of social policy formation, indicating its value in both micro and macro contexts.<sup>H9</sup>
- When service user voice was integrated into service provision, improvements were noted in client-validated problem definitions, respectful recognition, freedom from judgment, egalitarian approaches, client satisfaction, and a shift towards group/community practices.

H1. Bagchi, A. D., Af Ursin, R., & Leonard, A. (2012). Assessing cultural perspectives on healthcare quality. *Journal of Immigrant Minor Health*, 14(1), 175-182. doi: 10.1007/s10903-010-9403-z

H2. Tucker, C. M., Herman, K. C., Ferdinand, L. A., Bailey, T. R., Lopez, M. T., Beato, C., . . . Cooper, L. L. (2007). Providing patient-centered culturally sensitive health care: A formative model. *Counseling Psychologist*, 35(5), 679-705. doi: 10.1177/0011000007301689

H3. Fongwa, M. N., Sayre, M. M., & Anderson, N. L. R. (2008). Quality indicator themes among African Americans, Latinos, and Whites. *Journal of Nursing Care Quality*, 23(1).

H4. Garrett, P. W., Dickson, H. G., Lis-Young, Whelan, A. K., & Roberto-Forero. (2008). What do non-English-speaking patients value in acute care? Cultural competency from the patient's perspective: a qualitative study. *Ethnicity & Health*, 13(5), 479-496.

H5. Mindell, R., Vidal de Haymes, M., & Francisco, D. (2003). A culturally responsive practice model for urban Indian child welfare services. *Child Welfare*, 82(2), 201-217.

H6. Waites, C., Macgowan, M. J., Pennell, J., Carlton-LaNey, I., & Weil, M. (2004). Increasing the cultural responsiveness of family group conferencing. *Social Work*, 49(2), 291-300.

H7. Wu, E., & Martinez, M. (2006). Taking cultural competency from theory to action (Vol. 38). [New York, N.Y.]: Commonwealth Fund.

H8. Philis-Tsimikas, A., Fortmann, A., Lleva-Ocana, L., Walker, C., & Gallo, L. C. (2011). Peer-led diabetes education programs in high-risk Mexican Americans improve glycemic control compared with standard approaches: A Project Dulce Promotora randomized trial. *Diabetes Care*, 34(9), 1926-1931. doi: 10.2337/dc10-2081

H9. Beresford, P. (2001). Service users, social policy and the future of welfare. *Critical Social Policy*, 21(4), 494-512.

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## I: Service User Voice and Influence, Sub-Domain 1: Validation of Assessment Instruments

Service user voice can play an important role in validating instruments that assess the quality and cultural responsiveness of care provided to specific communities.

- The definition of quality health care was found to be different among African American, Latino, Asian Indian, and White patients, which pointed to weaknesses in an existing survey tool used to measure universal service user opinions of care provided.<sup>11</sup>
- Culturally-specific focus groups were used to help develop three race/ethnicity-specific Health Care Importance Rating Survey forms, which were subsequently validated within each respective racial/ethnic group and used to create a tool called the Tucker Culturally Sensitive Health Care Inventories (T-CUSHCIs).<sup>12</sup>

11. Bagchi, A. D., Af Ursin, R., & Leonard, A. (2012). Assessing cultural perspectives on healthcare quality. *Journal of Immigrant Minor Health*, 14(1), 175-182. doi: 10.1007/s10903-010-9403-z

12. Tucker, C. M., Mirsu-Paun, A., van den Berg, J. J., Ferdinand, L., Jones, J. D., Curry, R. W., . . . Beato, C. (2007). Assessments for measuring patient-centered cultural sensitivity in community-based primary care clinics. *Journal of the National Medical Association*, 99(6), 609-619.

## J: Service User Voice and Influence, Sub-Domain 2: Model, Intervention, and Tool Development

Similar to its role in assessment validation, service user voice can play an important role in informing the development of culturally responsive models, interventions, and tools.

- Focus groups and surveys with African American, Latino and White service users were used to identify specific themes associated with quality care for each specific group. These specific themes were considered useful in informing practitioners about how to provide culturally responsive quality care to each community.<sup>J1</sup>
- Similarly, focus groups with non-English speakers highlighted specific competencies and example practices recommended for health care providers offering culturally responsive services. Authors have recommended that cultural competency concepts be seen as updated through constant negotiation with patients rather than static and ethnicity-based.<sup>J2</sup>

J1. Fongwa, M. N., Sayre, M. M., & Anderson, N. L. R. (2008). Quality indicator themes among African Americans, Latinos, and Whites. *Journal of nursing care quality*, 23(1).

J2. Garrett, P. W., Dickson, H. G., Lis-Young, Whelan, A. K., & Roberto-Forero. (2008). What do non-English-speaking patients value in acute care? Cultural competency from the patient's perspective: a qualitative study. *Ethnicity & Health*, 13(5), 479-496.

## K: Service User Voice and Influence, Sub-Domain 3: Enhancements to Practice, Environment, and Service Delivery

Services user voice is valuable in informing enhancements to practice, service delivery environment, and service delivery itself as well.

- Focus groups have been used to inform child welfare professionals about ways to provide culturally responsive child welfare services; this input was used to refine a curriculum for training staff at state agencies.<sup>K1</sup>
- Similar focus groups elsewhere with multiple communities have reinforced the need to engage different ethnic/racial groups separately, rather than developing common, universal models of service delivery.<sup>K2</sup>
- Service user input can be used in the planning stages of new projects, as well, including in the planning of new facilities and buildings.<sup>K3</sup>
- Some African American service users have noted elements such as spirituality, African American staff, and an Afrocentric curriculum as important elements of service provision,<sup>K4</sup> other African Americans have identified respectful and individual treatment, availability, accessibility, knowledge of race/culture, and concern for well-being as elements of culturally responsive practice.<sup>K5</sup>
- When service user voice is not incorporated into program development, elements of communities' cultures can become erroneously depicted as barriers to health and effective practices, rather than depicted as elements to become familiar with, to be respectful of, and to integrate as much as possible into service delivery.<sup>K6</sup>

K1. Mindell, R., Vidal de Haymes, M., & Francisco, D. (2003). A culturally responsive practice model for urban Indian child welfare services. *Child Welfare*, 82(2), 201-217.

K2. Waites, C., Macgowan, M. J., Pennell, J., Carlton-LaNey, I., & Weil, M. (2004). Increasing the cultural responsiveness of family group conferencing. *Social Work*, 49(2), 291-300.

K3. Wu, E., & Martinez, M. (2006). Taking cultural competency from theory to action (Vol. 38). [New York, N.Y.]: Commonwealth Fund.

K4. Gillum, T. L. (2008). The benefits of a culturally specific intimate partner violence intervention for African American survivors. *Violence Against Women*, 14(8), 917-943. doi: 10.1177/1077801208321982.

K5. Johnson, J. C., Slusar, M. B., Chaatre, S., & Johnsen, P. (2006). Perceptions of cultural competency among elderly African Americans. *Ethnicity & Disease*, 16(4), 778-785.

K6. Philis-Tsimikas, A., Fortmann, A., Lleba-Ocana, L., Walker, C., & Gallo, L. C. (2011). Peer-led diabetes education programs in high-risk Mexican Americans improve glycemic control compared with standard approaches: A Project Dulce Promotora randomized trial. *Diabetes Care*, 34(9), 1926-1931. doi: 10.2337/dc10-2081

## L: Workforce Composition and Quality, Sub-Domain 1: Workforce Composition

Staff demographics that reflect the local community are considered essential for connecting with service users from the community and are an important element of providing culturally responsive care.

- A workplace with staff whose identities reflect those of communities served is noted in the Office of Minority Health CLAS Standard #3 (2013).<sup>L1</sup> Such staff may provide cross-cultural communication, language interpretation, an understanding of beliefs/values, and a trusting and welcoming atmosphere.
- Research studies have been conducted where staff represent the communities being served, although impacts have not measured in the studies.<sup>L2, L3, L4, L5, L6</sup>
- Service users have reported improved relations between staff whose identities match their own, and identity matching also has been noted to assist in recruiting subjects to participate in research.<sup>L7, L8</sup>
- Identity matching has also been reported to increase service user perception of providers' capabilities to support clients' cultural/spiritual needs and reducing cultural barriers to improve healing.<sup>L9</sup>

L1. Office of Minority Health (2013). *National standards for culturally and linguistically appropriate services in health and health care: A blueprint for advancing and sustaining CLAS policy and practice*. Office of Minority Health. Downloaded from <https://thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>

L2. Ceballos, P. L., & Bratton, S. C. (2010). Empowering Latino families: Effects of a culturally responsive intervention for low-income immigrant Latino parents on children's behaviors and parental stress. *Psychology in the Schools*, 47(8), 761-775. doi: 10.1002/pits.20502

L3. Goode, T. D., Dunne, M. C., & Bronheim, S. M. (2006). *The Evidence Base for Cultural and Linguistic Competency in Health Care*. The Commonwealth Fund.

L4. Brown, S. A., & Hanis, C. L. (1999). Culturally competent diabetes education for Mexican Americans: the Starr County study. *Diabetes Educ*, 25(2), 226-236. L5. D'Eramo-Melkus

L6. Gilmer, T. P., Philis-Tsimikas, A., & Walker, C. (2005). Outcomes of Project Dulce: A culturally specific diabetes management program. *Annals of Pharmacotherapy*, 39(5), 817-822. doi: 10.1345/aph.1E583.

L7. Gillum, T. L. (2008). The benefits of a culturally specific intimate partner violence intervention for African American survivors. *Violence Against Women*, 14(8), 917-943. doi: 10.1177/1077801208321982.

L8. Kreling, B. A., Canar, J., Catipon, E., Goodman, M., Pomeroy, J., Rodriguez, Y., . . . Huerta, E. E. (2006). Latin American Cancer Research Coalition - Community primary care/academic partnership model for cancer control. *Cancer*, 107(8), 2015-2022. doi: 10.1002/cncr.22145

L9. McCallum, K., Isaac, D., & Centre for Native Policy and Research Social Planning, Research Council of British Columbia. (2011). *Feeling home, culturally responsive approaches to Aboriginal homelessness : research report*. Retrieved from <http://site.ebrary.com/id/10491052>



## M: Workforce Composition and Quality, Sub-Domain 2: Workforce Training

Workforce training in cultural competency is also recommended in the Office of Minority Health CLAS Standard #4.<sup>M1</sup> Knowledge of culturally responsive services should be infused throughout all levels of organizations and interventions.<sup>M2</sup>

The literature documents some elements of workforce training as key components of culturally responsive organizations:

- Cultural competency training may be best offered when “built into” other trainings, orientations, policies and procedures.<sup>M3, M4</sup>
- Cultural competency trainings may also be led by Elders, advocates, and other community members who belong to the communities being served by organizations to create a common cultural understanding among staff and ensure work is compliant with organization and federal regulations.<sup>M5, M6</sup>
- When medical staff were provided trainings that highlighted racial disparities, culturally responsive methods of data collection and clinical care for Black patients with diabetes, these staff were more likely to acknowledge racial disparities when providing care, information, and prescriptions to Black patients, although improvements in care or health were not noted.<sup>M7</sup>
- Culturally specific training for cancer researchers, outreach workers, and health care staff who work with Latino patients was developed in collaboration with a culturally-specific cancer research center (LACRC). The training may have helped increase recruitment of Latinos for cancer interventions, and rates for certain types of cancer screening tests increased among Latinos during the four years during and after the trainings.<sup>M8</sup>
- Pediatric medicine students who participated in a culturally responsive curriculum about folk illness history and culturally competent communication resulted in higher levels of knowledge in these topics among students who participated in the training.<sup>M9</sup>

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M2. Rural and Regional Health and Aged Care Services (2009). *Cultural responsiveness framework: Guidelines for Victorian Health Services*. Melbourne, Australia: Rural and Regional Health and Aged Care Services, Victorian Government, Department of Health, Melbourne, Victoria.

M3. Wu, E., & Martinez, M. (2006). Taking cultural competency from theory to action (Vol. 38). [New York, N.Y.]: Commonwealth Fund.

M4. Hassett, P. (2005). Taking on racial and ethnic disparities in health care: the experience at Aetna. *Health Aff (Millwood)*, 24(2), 417-420. doi: 10.1377/hlthaff.24.2.417.

M5. McCallum, K., Isaac, D., & Centre for Native Policy and Research Social Planning, Research Council of British Columbia. (2011). Feeling home culturally responsive approaches to aboriginal homelessness : research report. from <http://site.ebrary.com/id/10491052>

M6. Mindell, R., Vidal de Haymes, M., & Francisco, D. (2003). A culturally responsive practice model for urban Indian child welfare services. *Child Welfare*, 82(2), 201-217.

M7. Sequist, T. D., Fitzmaurice, G. M., Marshall, R., Shaykevich, S., Marston, A., Safran, D. G., & Ayanian, J. Z. (2010). Cultural competency training and performance reports to improve diabetes care for Black patients: A cluster randomized controlled trial. *Annals of Internal Medicine*, 152(1), 40-W10.

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M9. Paul, C. R., Devries, J., Fliegel, J., Van Cleave, J., & Kish, J. (2008). Evaluation of a culturally effective health care curriculum integrated into a core pediatric clerkship. *Ambulatory Pediatrics*, 8(3), 195-199. doi: 10.1016/j.ambp.2007.12.007

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## N: Community Collaborations

A few examples are present in the literature for community collaborations intended to advance culturally competent and responsive practices. Effective collaborations emphasize the rights, demands, and preferences of service users from marginalized communities to determine the nature and needs of organizations/systems that serve them, and that limit the undue power of professional service providers.<sup>N6</sup>

Some examples include:

- A collaboration between state child welfare officials and Native American foster parents<sup>N1</sup>
- An anti-obesity health collaboration between an orthodox Jewish community and school health officials<sup>N2</sup>
- A collaboration between community members from 19 community organizations and nursing students/faculty<sup>N3</sup>
- A collaboration between Latino community leaders, health care workers and health researchers to inform and improve cancer care and treatment among the Latino community<sup>N4</sup>
- Consultations with Aboriginal leaders to inform homeless services for Canadian Aboriginal individuals experiencing homelessness<sup>N5</sup>

N1. Mindell, R., Vidal de Haymes, M., & Francisco, D. (2003). A culturally responsive practice model for urban Indian child welfare services. *Child Welfare*, 82(2), 201-217.

N2. Benjamins, M. R., & Whitman, S. (2010). A culturally appropriate school wellness initiative: results of a 2-year pilot intervention in 2 Jewish schools. *The Journal of School Health*, 80(8), 378-386.

N3. **Midwestern School of Nursing**

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## O: Data Metrics & Continuous Quality Improvements

An effective culturally responsive organization should result in increases of patient and provider satisfaction, mutual respect, shared decision making, effective communication, and health outcomes.<sup>01</sup> One such metric system is the Consumer Assessment of Healthcare Providers and Systems (CAHPS) which is still undergoing validation.

- Validation studies of CAHPS and similar measures have found that greater cultural competency in hospitals is associated with higher patient satisfaction, and had an impact on communication, staff responsiveness, and pain control for “minority” patients, although other studies have found CAHPS to be less able to capture perspectives of ethnically/racially diverse patient groups.<sup>02,03</sup>
- CAHPS has been adapted for use in the American Indian community with strong response rates and yielded valuable information for quality improvement.<sup>04</sup>
- Specific tools developed for African American, Hispanic, and non-Hispanic White patients found that different communities valued culturally-specific elements of health care service provision.<sup>05</sup>
- A separate measure of Cultural Congruence evaluated the difference between the cultural competence of health care organizations and the cultural “neediness” of their clients. Cultural congruence was significantly related to reduction of depression and anxiety symptoms in patients and positively correlated with physical and social functioning, vitality, and mental health in patients served.<sup>06</sup>

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O2. Weech-Maldonado, R., Elliott, M., Pradhan, R., Schiller, C., Hall, A., & Hays, R. D. (2012). Can Hospital Cultural Competency Reduce Disparities in Patient Experiences With Care? *Medical Care*, 50(11), S48-S55. doi: 10.1097/MLR.0b013e3182610ad1 and Weech-Maldonado, R., Elliott, M. N., Pradhan, R., Schiller, C., Dreachslin, J., & Hays, R. D. (2012). Moving towards culturally competent health systems: Organizational and market factors. *Social Science & Medicine*, 75(5), 815-822. doi: 10.1016/j.socscimed.2012.03.053

O3. Bagchi, A. D., Af Ursin, R., & Leonard, A. (2012). Assessing cultural perspectives on healthcare quality. *J Immigr Minor Health*, 14(1), 175-182. doi: 10.1007/s10903-010-9403-z

O4. Weidmer-Ocampo, B., Johansson, P., Dalpoas, D., Wharton, D., Darby, C., & Hays, R. D. (2009). Adapting CAHPS (R) for an American Indian Population. *Journal of Health Care for the Poor and Underserved*, 20(3), 695-712.

O5. Tucker, C. M., Herman, K. C., Ferdinand, L. A., Bailey, T. R., Lopez, M. T., Beato, C., . . . Cooper, L. L. (2007). Providing patient-centered culturally sensitive health care: A formative model. *Counseling Psychologist*, 35(5), 679-705. doi: 10.1177/0011000007301689 and Tucker, C. M., Mirsu-Paun, A., van den Berg, J. J., Ferdinand, L., Jones, J. D., Curry, R. W., . . . Beato, C. (2007). Assessments for measuring patient-centered cultural sensitivity in community-based primary care clinics. *Journal of the National Medical Association*, 99(6), 609-619.

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## Appendix A: Standards and Benchmarks Resources

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