



2008

Cultural Competence Training Survey - Results

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INTRODUCTION

This survey was developed to learn more about the needs of the professionals who purchase or deliver cultural competence training within hospitals, health care organizations, and other institutions. Some of the main areas we wished to explore included:

- criteria for identifying and evaluating training options and models
- use of accredited vs. non-accredited training
- preferences for various training formats
- opinions on national standard for cultural competence training elements

SURVEY DETAILS AND METHODOLOGY

SURVEY DETAILS

- Web-based survey
- 14 quantitative and qualitative questions
- Survey dates: July 7 to July 23, 2008
- Target population: Health care professionals who purchase, schedule, or otherwise arrange cultural competence training for their organizations
- N=54

METHODOLOGY

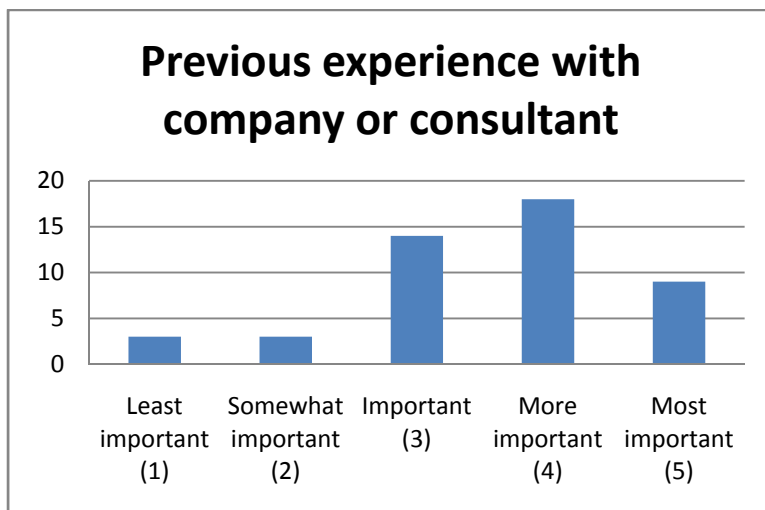
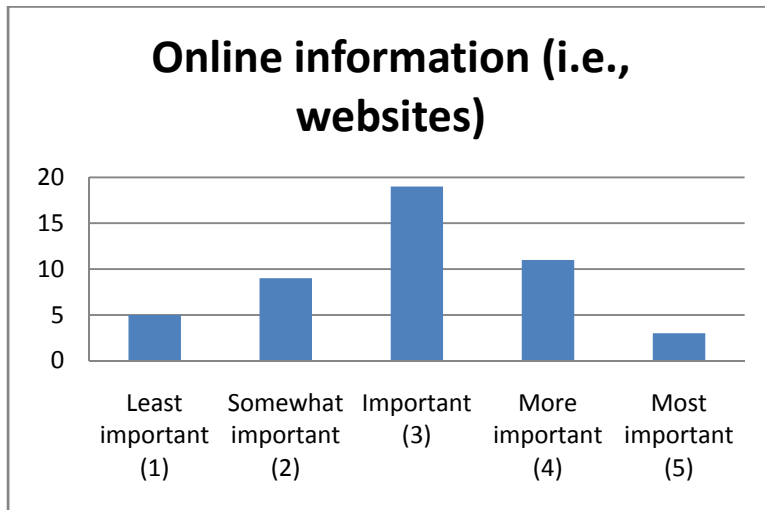
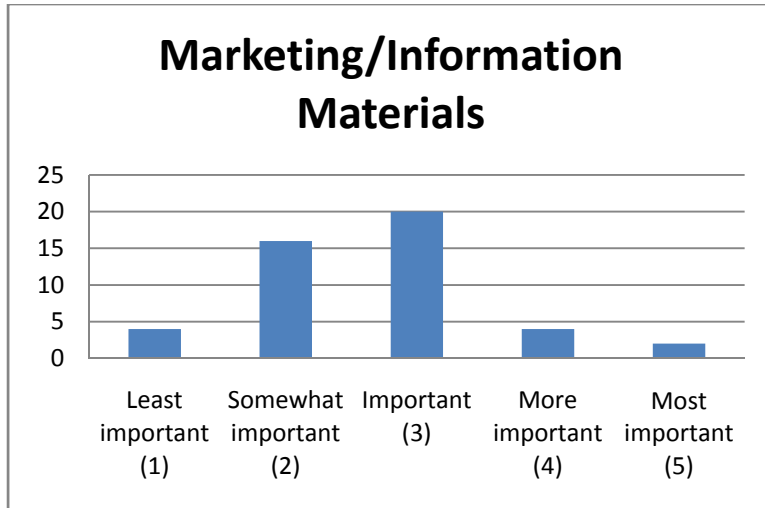
Survey was developed by Julia Puebla Fortier, Resources for Cross Cultural Health Care and Anne Turner, The Cross Cultural Health Care Program. Survey outreach methods included emailing a survey notice to CCHCP's email list of approximately 4,500 individuals and sending a notice to the CLASTalk listserv.

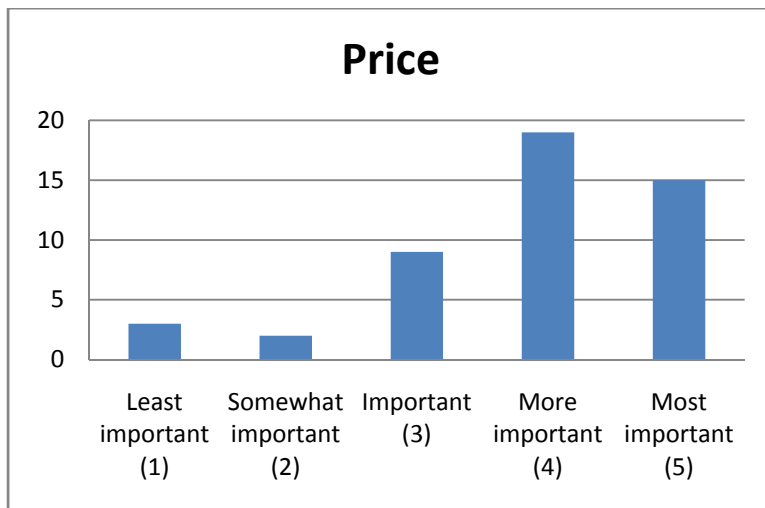
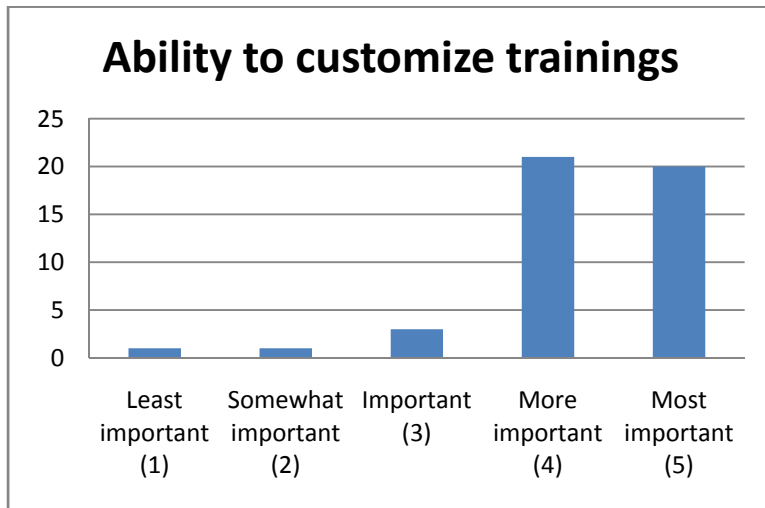
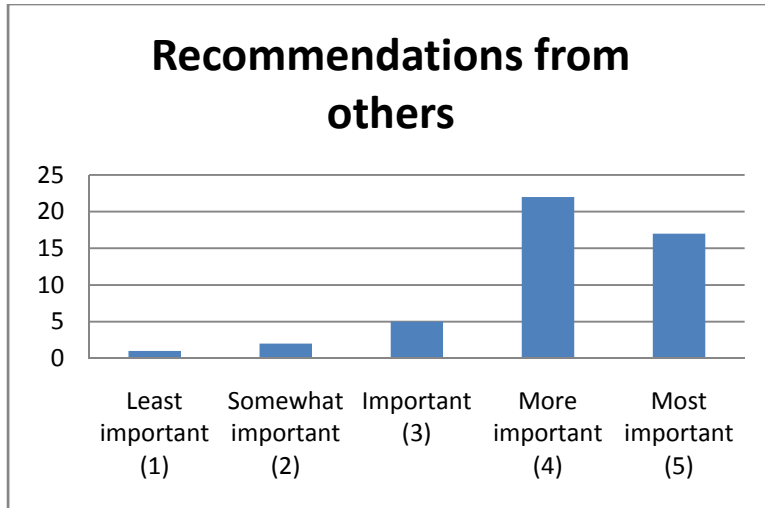
The survey was hosted on the University of Washington's Catalyst webtools platform. This allowed users to follow an email link and submit their survey input anonymously. Results from the survey were downloaded from Catalyst on July 23, 2008 in an Excel file format.

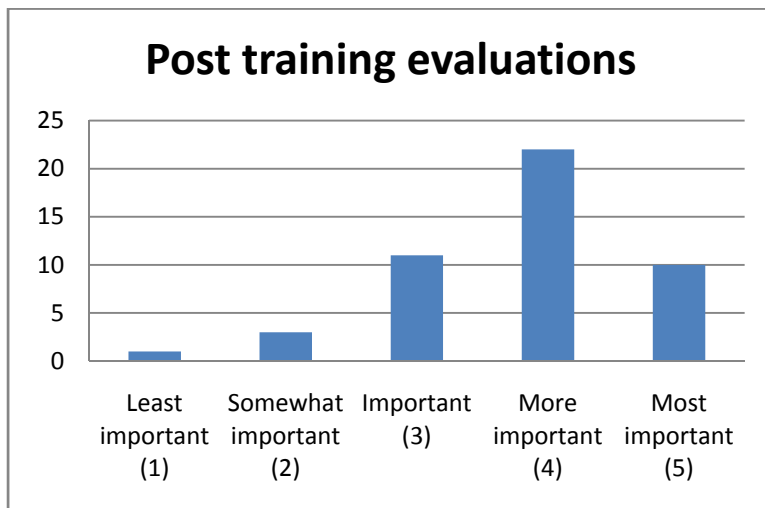
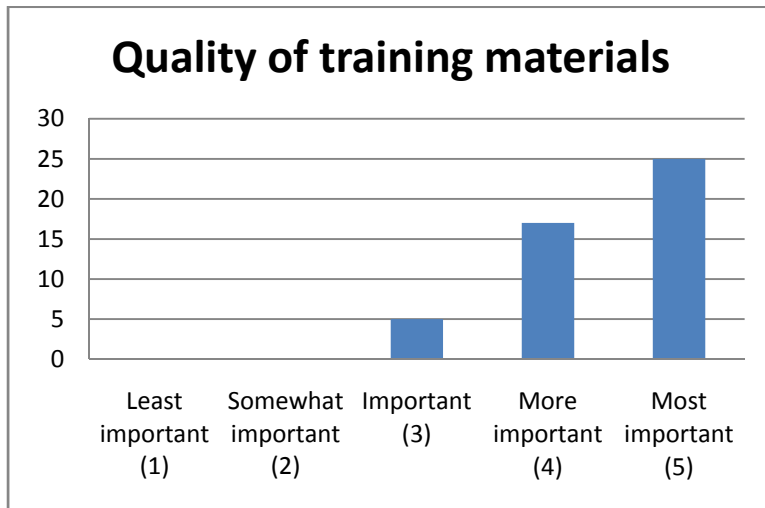
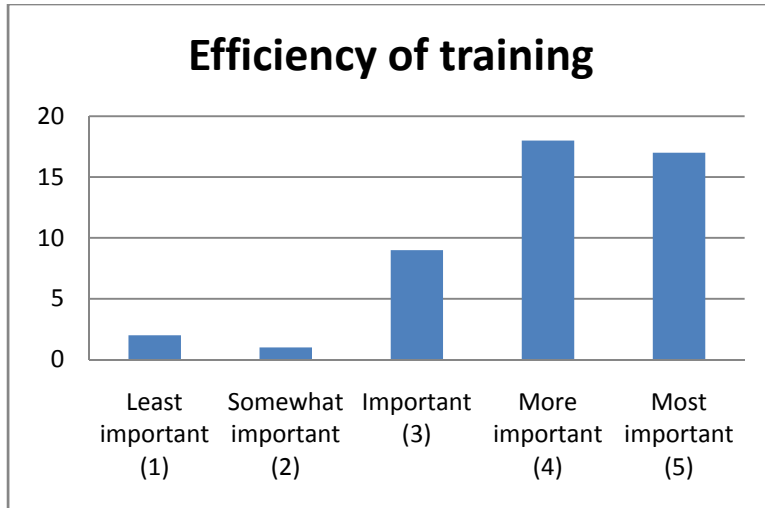
WHAT DID WE LEARN? HIGHLIGHTS OF SURVEY

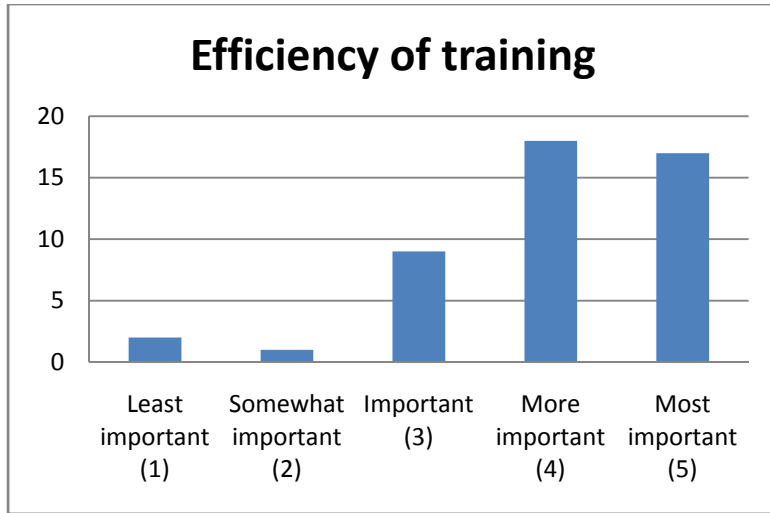
HOW DO RESPONDENTS EVALUATE QUALITY OF COMPANY OR CONSULTANT OFFERING TRAININGS?

While many factors figure into evaluations of quality, respondents ranked previous experience with a company or consultant, recommendations from others, and the ability to customize trainings as having greater influence in their evaluation process. Other factors such as price, efficiency of training, and quality of training materials were also ranked high.



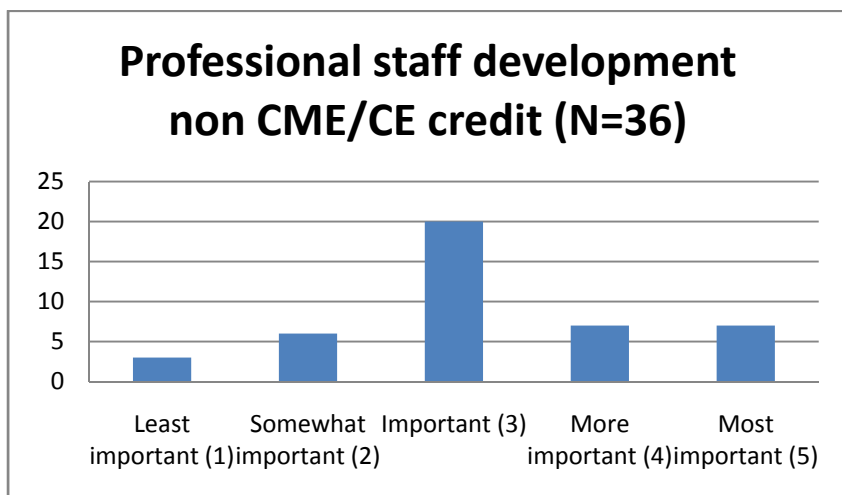
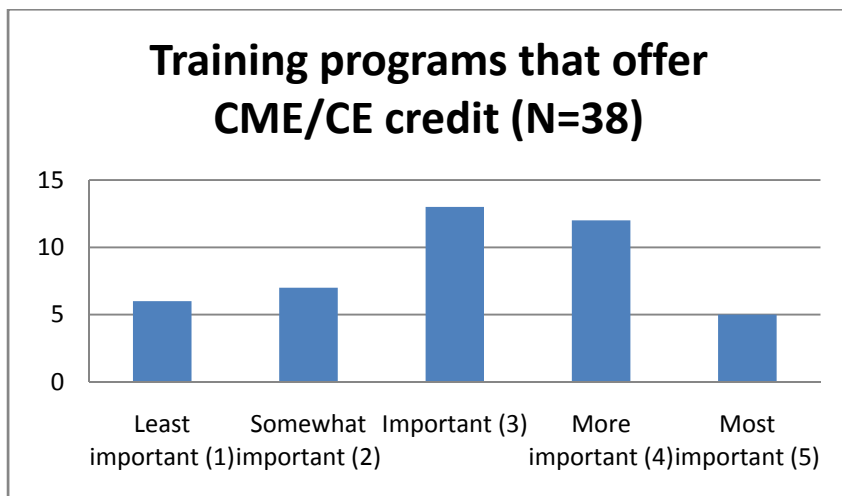






USE OF ACCREDITED CME TRAININGS VS NON-ACCREDITED

There was not an obvious bias for CME/CE training opportunities over non CME/CE professional staff development trainings.



USER COMMENTS ON TRAINING – WHAT IS IMPORTANT:

“Portability and long range use of materials and concepts--how can I monitor and use this training to follow-up and continue the process?”

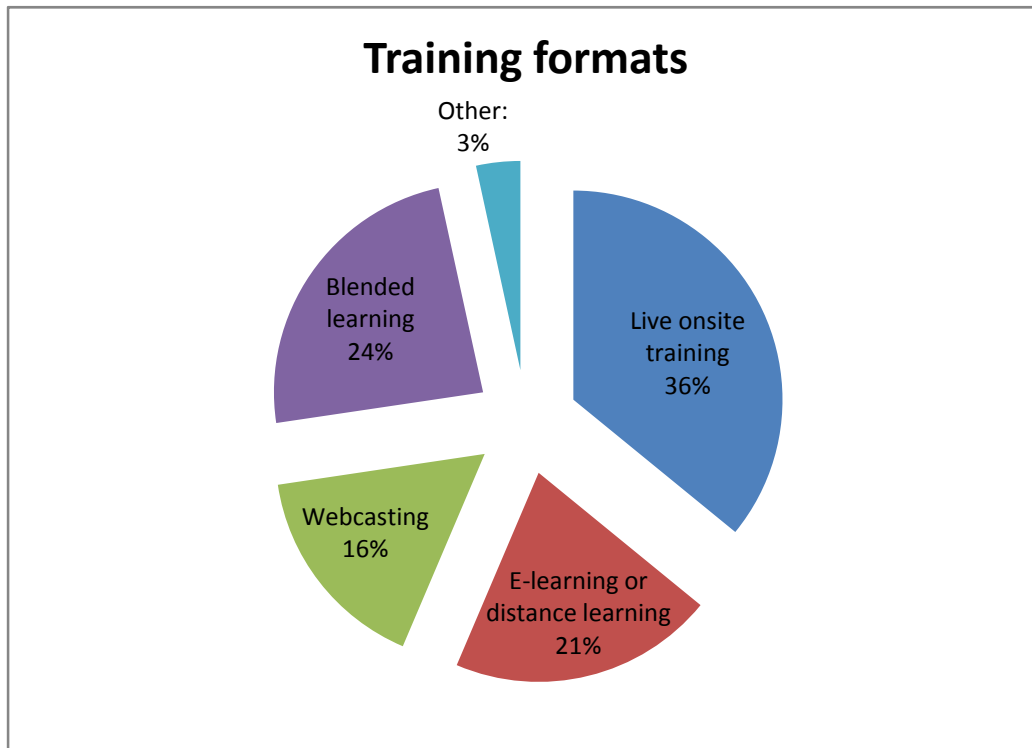
“[The] cultural competence of the trainer. The extent of the training working in diverse communities including targeted communities. Whether person is bicultural/bilingual and brings an understanding of racial and social justice.”

“The culture and sensitivity of the trainer is important. In addition the willingness to modulate and customize the training is equally important.”

USER COMMENTS ON CME/CE TRAININGS V.S. NON- CME/CE:

“The main focus of our c.c. training is to raise awareness of cultural differences impacting service delivery, as well as developing cross-cultural skills to negotiate meeting the needs of all our patients and families.”

WHAT KINDS OF TRAINING FORMATS ARE OF INTEREST TO RESPONDENTS?



WHO IS RECEIVING CC TRAINING?

User responses revealed that cc training is being used at all levels of the healthcare institution and even extending into the community. The vast majority of respondents volunteered information on their training audiences and some of the most frequently mentioned groups included:

- Administrators and managers
- Physicians, residents, providers, and clinicians
- Nursing staff
- Public health workers
- Social workers
- Medical interpreters

Also mentioned (but not as frequently) were teachers, educators, mental health workers, outreach workers, and patient advisors.

ANNUAL HOURS OF TRAINING

The majority of respondents are currently not able to provide their audience with enough training.

Respondents who told us how many annual hours their institution currently spends on cc training efforts and how many the respondent would consider “ideal” revealed the following:

- 18% of respondents felt their institutions received an appropriate number of hours of cc training annually
- 15% of respondents said they only delivered between 60 and 80% of what they would consider ideal hours of training annually
- 31% of respondents said their institutions only received about half of what would be ideal training
- 36% of respondents reported that their institutions only deliver between 10% and 40% of what they would deem idea hours of cc training

WHAT STANDARDS ARE FOLKS USING TO EVALUATE TRAININGS?

The comments on this question varied. Some respondents indicated that there was either no standard or that one was being developed. Post training evaluations and survey forms were mentioned as well. The comments below show the different aspects that people are focusing upon.

“We don't have a standard for evaluating different programs. Our focus is to raise awareness re: becoming a “cultural competent” organization, and the cc training is a component of that agency-wide effort (including interventions at the clinical, outreach and education, and agency levels).”

“1) The DHHS Office of Minority Health CLAS Standards are helpful as are 2) the California Endowment's Principles and Recommended Standards for Cultural Competence Education of Health Care Professionals - 2003 (see Cultures in the Clinic. Jean Gilbert, PhD, Chair and Editor, and Julia Puebla Fortier, Co-Chair and Expert Consultant. For medical schools, the TACCT (Tool for Assessing Cultural Competency Training) developed by the AAMC is also useful. <http://www.aamc.org/meded/tacct/start.htm>. For continuing medical education, a number of states like New Jersey and California have also passed legislation that requires cultural competency CME training for physician licensure.”

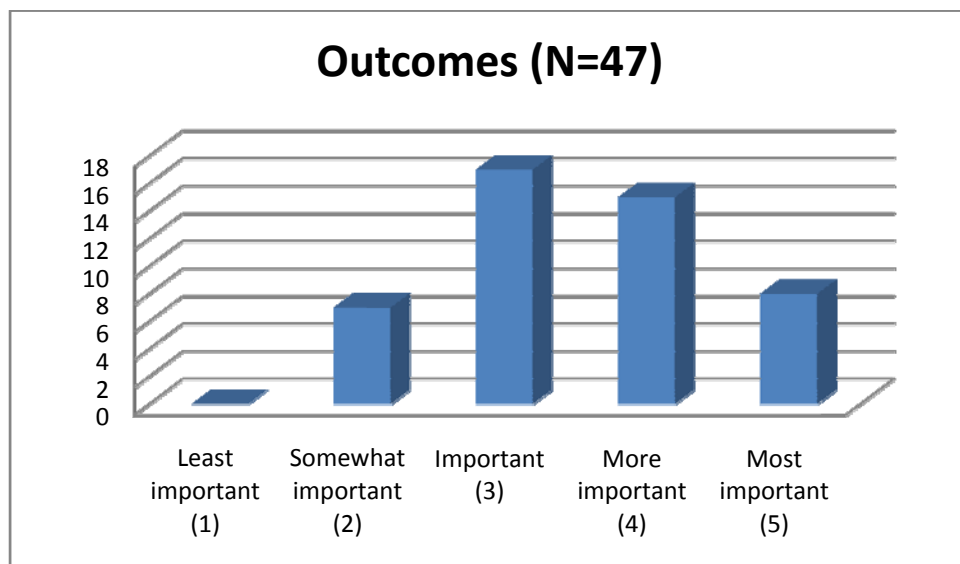
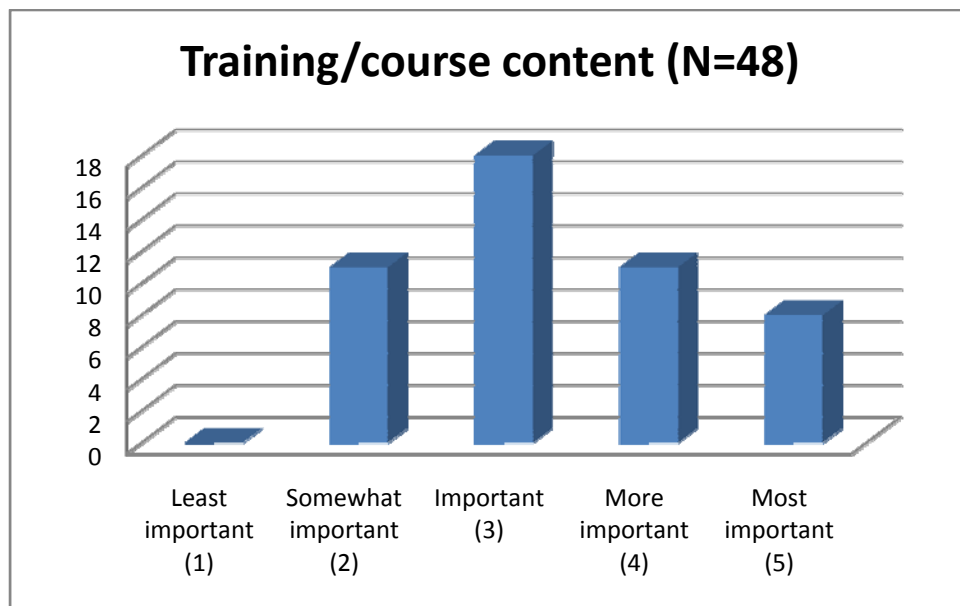
“I don't believe we need an hours mandate, but a reasonable approach based on anthropologically grounded theory and applied practice. This perspective is more holistic and more broadly encompassed.”

SHOULD THERE BE A NATIONAL STANDARD FOR CC?

Participants were skeptical of the value of a national standard to do much beyond provide a baseline. Noting the importance of regional and local needs, site-specific issues, the importance of flexibility, and the varying degrees of diversity throughout the country, participants voiced concern over the unique needs of their communities and how a national standard could help address this. As one participant put it:

“National standards in this arena give us a “lowest common denominator.” Since I wish our organizations to excel in cultural competency and undoing racism, a national standard would not be useful.”

"I would question the appropriateness of a national standard for cultural competency training elements at all ... There are so many variations in health care delivery and human services delivery --- sometimes "standards" can homogenize variations. A home care agency needs very different training than does a large urban hospital; unless standards account for significant course content variations, the standards could impose unrealistic and unhelpful content. If there is one standard for cultural competency course content that I could support, it would be to ask the community about their care and their beliefs --- to involve the community you hope to serve at every step and with every message and with every design of training."



CLOSING COMMENTS FROM OUR RESPONDENTS

My biggest concern is that through "cultural competence" training we reify the boundaries of the ethnic groups we seek to incorporate into our biomedical system, which may not be in the best interest of medicine (or perhaps the nation). Certainly boundaries are fluid and constantly changing and sensitivities to difference must apply. But, is culture always ethnicity? What about other subgroups and how do we incorporate these populations? How do we make an assessment of any individual when all individuals have their own unique culture and this must be respected and negotiated in the context of medicine? Hopefully, with that approach we can provide the best health promotion and care.

APPENDIX 1 - TEXT OF EMAIL SENT TO POTENTIAL PARTICIPANTS

Email announcements were sent out to the CCHCP email list and the CLASstalk listserv. The email generated several responses from organizations who were interested in seeing the results for their own planning purposes.

Greetings from the Cross Cultural Health Care Program:

Are you involved in the planning, purchase, or delivery of cultural competence training? We are asking for input from health care organizations that deliver or purchase cultural competence training for their staff. Please click the link below to take the short online survey.

<https://catalystools.washington.edu/webq/survey/anneh3/57138>

Please note that respondent information will be kept confidential, responses will be de-identified, and results will be utilized to inform the discussions to be held on this topic at the Quality Health Care for Culturally Diverse Populations conference in September 2008.

Survey authors: Julia Puebla Fortier, Director, Resources for Cross Cultural Health Care and Anne Turner, Research Librarian, The Cross Cultural Health Care Program

For further information, please contact us at resource@xculture.org. Thank you!

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APPENDIX 2 – SURVEY INSTRUMENT

This is only a preview of the survey. Responses will not be saved. [Close](#)

Cultural Competence Training Survey - Diversity RX 2008

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We are asking for input from health care organizations that deliver or purchase cultural competence training for their staff. Please note that respondent information will be kept confidential, responses will be de-identified, and results will be utilized to inform the discussions to be held on this topic at the Quality Health Care for Culturally Diverse Populations conference in September 2008 (www.diversityRxconference.org).

Question 1.

Do you purchase or deliver cultural competence training for one or more health care organizations?

- Yes
 No
 N/A

Question 2.

How do you decide what cultural competence training model to use?

Question 3.

How do you evaluate the quality of the company or consultant that offers training?
Please grade from least important to most important.

	Least important (1)	Somewhat important (2)	Important (3)	More important (4)	Most important (5)
Marketing/informational materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online information (i.e., website)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Previous experience with company or consultant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommendations from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to customize					

trainings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficiency of training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of training materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-training evaluations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence of organizational change (or other desired outcomes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe in box below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 4.

If you answered "other" to question 2 above, please tell us more:

Question 5.

Can you tell us about your use of accredited training offerings?

Please grade from least important to most important.

	Least important (1)	Somewhat important (2)	Important (3)	More important (4)	Most important (5)
Training programs that offer CME/CE credit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional staff development (non CME/CE credit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe in box below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 6.

If you answered "other" to question 4 above, please tell us more:

Question 7.

Can you describe your training audiences? For example, administrators, clinicians, etc.

**Question 8.**

What kinds of training formats are of interest to your organization?
Please check all that apply.

- Live onsite training
- E-learning or distance learning
- Webcasting
- Blended learning
- Other:

Question 9.

How many annual hours of training would be ideal for your organization?

Enter a number (without commas).


Question 10.

How many annual hours of training do you currently provide to your organization?

Enter a number (without commas).

Question 11.

Do you have a standard that you use for evaluating different programs?
Please tell us about it.

**Question 12.**

In your opinion, is it important to have a national standard for the following cultural competence training elements?
Please grade from least important to most important.

Least important Somewhat More important Most important

	(1)	important (2)	Important (3)	(4)	(5)
Training/course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 13.

If you answered "other" to question 11 above, please tell us more:

Question 14.

Is there anything we forgot to ask?

If you have any questions about this survey, please contact [Anne Turner](#) at the Cross Cultural Health Care Program.

Questions or Comments?

Contact Anne Turner, Resource Center Director at resource@xculture.org

