



National Center for Cultural Competence

Georgetown University Center for
Child and Human Development

Rationale for Cultural and Linguistic Competence in Maternal and Child Health Bureau–Funded Training Programs

INCREASING DIVERSITY IN THE U.S. POPULATION¹⁻⁶

- African Americans compose 13.1% of the population.
- Hispanic compose 14.7% of the population
- MCH populations reflect even greater diversity—15% of children are black/African American and 21% of children are Hispanic.
- The number of Asian and Pacific Islanders from many different countries and cultures grew 72% from 1990 to 2000.
- The Native American and Alaska Native population is also growing faster than total population—26% since 1990.
- By the year 2030 approximately 25% of the U.S. population will self-identify as Hispanic of any race and 14.5% as black.
- Over 54 million people speak a language other than English. Of these, 44% speak English less than “very well”; Spanish is the second most spoken language after English
- 11.9 million people live in linguistically isolated households where no one over the age of 14 speaks English “very well”.
- Census data cite over 300 languages spoken in the U.S.

PERSISTENT HEALTH DISPARITIES

The 2006 National Health Disparities Report provides continuing evidence that disparities persist in nearly every aspect of health, including quality of health care, access to care, utilization of health care, clinical conditions including morbidity and mortality, and health care settings.⁷ A recently completed midcourse review of progress towards the goals and objectives of *Healthy People 2010*⁸ found that while disparities for some objectives among some populations decreased, in many instances disparities failed to change and in some instances increased. Disparities in mental health are as prevalent as health disparities, and are closely linked to chronic illness.⁹⁻¹⁰ Racial and ethnic disparities occur within the context of broader historic and contemporary social and economic inequality, and evidence of persistent racial and ethnic discrimination in many sectors of American life.

The Role of Maternal and Child Health Bureau (MCHB) Funded Training Programs

MCHB funded training programs are designed to develop leaders who are prepared to assure and champion the health and well-being of vulnerable populations effectively in a changing environment. The nation needs a public health workforce that can effectively provide services, design and evaluate programs, conduct research, develop and administer health policy, and provide leadership for maternal and child health within a diverse and multicultural U.S. society. For MCHB funded training programs, achieving this goal requires a two-pronged approach. First, programs need faculty with the knowledge and skills to implement effective training that prepares *all* students to work in culturally and linguistically competent ways with diverse populations. Second, programs will need to develop culturally and linguistically competent approaches to recruit and support diverse students and faculty to address the significant gap between the racial and ethnic make-up of the population and that of health and mental health professionals and academics.

Preparing New Culturally and Linguistically Competent MCH Leaders

It is critical that faculty in MCHB have the capacity to prepare students from all backgrounds to develop the knowledge and skills necessary to work effectively with individuals from diverse groups and the communities in which they live. MCHB funded training programs prepare future leaders for an array of roles—as public health agency professionals, clinicians, policymakers, health systems administrators, researchers and academics. There is growing evidence that MCH leaders in each of these roles must have the knowledge and skills to apply cultural and linguistic competency as a key approach to address health disparities and inequities. In addition, they will need to serve and promote the health and well-being of the diverse U.S. populations effectively. Findings from the literature that can inform the training of MCH leaders include:

- Poor cross-cultural communication between health care providers and recipients has been linked to poorer health outcomes and less effective patient participation in health supporting behaviors.¹¹⁻¹³
- Health outcomes of diverse populations are improved when service delivery models are adapted, through partnerships with consumers and communities, to address health beliefs and practices effectively.¹⁴

- Organizational policy supporting cultural and linguistic competence not only helps practitioners to deliver higher quality care, but can actually impact patient outcomes including use of emergency services, adherence to treatment and satisfaction with care.¹⁵
- While extensive efforts at health promotion for MCH populations have been undertaken, their impact on those populations experiencing the highest burden have not been as successful as for the overall population. Effective health promotion is designed, delivered, and evaluated in partnership with communities to address culturally based health beliefs, practices, credible sources of information, and contexts for each population.¹⁶⁻¹⁹
- Effective research to support MCH populations and to address health disparities and inequities requires knowledge and skills to engage diverse consumers and communities; implement participatory research models; adapt research approaches for diverse communities; and address interpretation and translation into languages other than English in research design and measure development.²⁰⁻²³

Current MCH training programs and their home institutions need to respond to a range of new requirements by accrediting bodies and professional organizations for training in cultural and linguistic competence. Future MCH leaders, in their roles within clinical,

public health, policy or research settings, must have the capacity to respond to accreditation and credentialing bodies that require cultural and linguistic competence in health professions training, continuing education, and professional licensing.

MCHB funded training programs need to assure that trainees have classroom, practicum and research experiences that will prepare them for their future leadership roles in a diverse society. This goal can be only accomplished if faculty has the knowledge and skills needed to incorporate cultural and linguistic competence into research, curriculum development, teaching, supervision, and mentoring of new leaders.

Increasing Diversity Among Future MCH Leaders

MCHB funded training programs need to implement the values and principles of cultural and linguistic competence within their programs to assure a more diverse set of MCH leaders for the future. A report for the Bureau of Health Professions²⁴ indicates that diversity in the health professions has been associated with improved access, utilization, and quality of care for diverse populations. Yet, despite growing diversity in the overall population, the percentages of students in the health and mental health care professions and in research programs does not match those of the general population. Reports from numerous fields indicate that students from racial and ethnic groups other than non-Hispanic

white are less likely to complete training as health care professionals or researchers.²⁵⁻²⁸ In fact, if current trends continue, the health work force of the future will resemble the population even less.²⁹

The literature has identified specific factors to improve recruitment and success of students from racial and ethnic groups other than non-Hispanic white that include:

- faculty development to address awareness about cultural issues and to develop skills for adapting teaching approaches to meet the cultural needs of diverse students;
- curricula and teaching materials that are culturally inclusive;
- organizational self-assessment of cultural competence;
- assuring that the program supports diverse students with diverse faculty;
- social and psychological support to address feelings of isolation when diverse students are few;
- an appreciation for diversity; and
- a climate that does not tolerate racism, bias, and discrimination.³⁰⁻³²

MCHB funded training programs need the knowledge, skills and resources to create training opportunities that attract diverse students and support them to complete professional training in order to continue their legacy of assuring effective leadership for the Maternal and Child Health field.

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The **National Center for Cultural Competence (NCCC)** provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education, and advocacy.

The NCCC is a component of the Georgetown University Center for Child and Human Development (GUCCHD) and is housed within the Department of Pediatrics of the Georgetown University Medical Center.

The NCCC provides training, technical assistance, and consultation; contributes to knowledge through publications and research; creates tools and resources to support health and mental health care providers and systems; supports leaders to promote and sustain cultural and linguistic competency; and collaborates with an extensive network of private and public entities to advance the implementation of these concepts.

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