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PRACTICE TIPS: Cultural Competence Resources

Cultural competence has become a buzz word in healthcare, but what does it mean? While cultural competence does not have a universal definition, The U.S. Department of Health and Human Services Office of Minority Health has adopted the definition given by Cross, 1989.

“Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.”¹

Nutrition and dietetics practitioners are obliged to strive for cultural competence, as both healthcare and credentialed practitioners. The Academy of Nutrition and Dietetics (Academy) and Commission on Dietetics Registration's Code of Ethics dictates nutrition and dietetics practitioners shall:

- a. 1(g) Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity.”²

The goal of cultural competence should not be viewed as a goal with an end date, but rather a process of continual improvement. The below list of resources with links have been created to aid in executing cultural competence programs in practice.

¹ The Office of Minority Health. Cultural and Linguistic Competency. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6>. Accessed May 23, 2018.

² Academy of Nutrition and Dietetics (Academy)/Commission on Dietetic Registration (CDR) Code of Ethics for the Nutrition and Dietetics Profession Academy web site. <https://www.eatrightpro.org/-/media/eatrightpro-files/career/code-of-ethics/codeofethicsforthenutritionanddieteticsprofession.pdf?la=en&hash=241670A89F129DAA37EA2F2CCA4ED37B901BC3F3>. Accessed May 23, 2018.

Resources:

Academy of Nutrition and Dietetics (Academy)

The *Journal of the Academy of Nutrition and Dietetics*, formerly the *Journal of the American Dietetic Association* created a collection of articles and supplement on the topic of cultural competence. The collection identifies various articles, starting in 2009, which identify topics, research and discussions relevant to cultural competence in nutrition and dietetics. The supplement is an in depth discussion on cultural competence in practice.

[*The Journal of Nutrition and Dietetics Cultural Competency Collection*](#)

[*The Journal of Nutrition and Dietetics Cultural Competency Supplement*](#)

Member Interest Groups are groups of Academy members who share common interests, concerns and backgrounds. Current groups include Cultures of Gender and Age; Religion; and Asian Americans and Pacific Islanders. Member interest groups focus on areas other than the practice of dietetics or geographic location.

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As part of the national organization, MIGs reflect the many characteristics of the Academy's membership and the public it serves.

[Member Interest Groups \(MIGs\)](#)

U.S. Department of Health and Human Services Office of Minority Health and Health Disparities

Cultural and Linguistically Appropriate Services (CLAS)

The CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.

[CLAS Overview](#)

[CLAS Crosswalk](#)

[National CLAS Standards: Fact Sheet](#)

Centers for Disease Control and Prevention (CDC)

Racial and Ethnic Approaches to Community Health (REACH)

REACH is a national program that serves as the cornerstone of CDC's efforts to eliminate racial and ethnic disparities in health. Through REACH, CDC supports grantee partners that establish community-based programs and culturally-appropriate interventions to eliminate health disparities among African Americans, American Indians, Hispanics/Latinos, Asian Americans, Alaska Natives, and Pacific Islanders.

<http://www.cdc.gov/reach>

National Academies of Sciences, Engineering, and Medicine, Health and Nutrition Division (Formerly Institute of Medicine)

The National Healthcare Quality and Disparities Reports (NHQR and NHDR) play a fundamental role in examining quality improvement and disparities reduction. In this report, prepared at the request of the Agency for Healthcare Research and Quality (AHRQ), the Institute of Medicine (IOM) suggests ways to reformulate and enhance our Nation's essential measures of quality and equity, to facilitate informed decision making, and to help set the strategic direction of the Nation's quality improvement enterprise.

[Future Directions for the National Quality and Disparities Reports](#)

Agency for Healthcare Research and Quality

The *National Healthcare Quality Report* and the *National Healthcare Disparities Report* measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care. The report present, in chart form, the latest available findings on quality of and access to health care.

[National Healthcare Quality and Disparities Report](#)

National Committee for Quality Assurance

The webpage outlines the National Committee for Quality Assurance's information and resources on health care disparities. It includes information that focuses on Culturally and Linguistically Appropriate Services (CLAS), and the NCQA Standards and Guidelines for Distinction in Multicultural Health Care.

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[Health Care Disparities](#)

A publication outlines the standards and features explanations and examples of how to meet the standards, scoring guidelines, points and accreditation outcomes. Eligibility requirements, application information and policies and procedures are also included. (For purchase)

[Standards and Guidelines for Distinction in Multicultural Health Care \(MHC\)](#)

Agency for Healthcare Research and Quality (AHRQ)

AHRQ commissioned the University of North Carolina at Chapel Hill to develop and test this Health Literacy Universal Precautions Toolkit. The toolkit offers primary care practices a way to assess their services for health literacy considerations, raise awareness of the entire staff, and work on specific areas.

[Health Literacy Universal Precautions Toolkit](#)

The Joint Commission

The patient-centered communication standards were approved in December 2009, released in January 2010, and effective July 1, 2012. Joint Commission surveyors began evaluating compliance with these standards on January 1, 2011, but findings did not affect the accreditation decision. The field was given an opportunity to implement the standards and provide feedback regarding any implementation questions or concerns. While two of the patient-centered communication standards were implemented in order to align with the Centers for Medicare & Medicaid Services' (CMS) Conditions of Participation (CoPs) on visitation rights, the remaining requirements (HR.01.02.01, EP 1; PC.02.01.21, EPs 1 and 2; and RC.02.01.01, EP 28) became effective on July 1, 2012.

[Advancing effective communication, cultural competence, and patient-and family- centered care. A Roadmap for Hospitals](#)

[Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender \(LGBT\) Community: A Field Guide](#)