



Culturally Competent Care Education Committee

"Bridging the Gaps, One Patient at a Time"



Quarterly Newsletter

<http://medweb.med.harvard.edu/cccec>

VOLUME 1 SPRING 2005

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Who We Are

In the fall of 2001, a committee composed of deans, society masters, administrators, faculty, staff and students was formed at Harvard Medical School (HMS) to develop a curriculum to train medical students to deliver culturally competent care.

The mission of the CCCEC is to foster the development of faculty and curriculum that prepare students with the knowledge, skills and attitudes to provide quality care for every patient and eliminate health disparities.

Most of the work of this committee is being accomplished by volunteer faculty. We are fortunate to have the benefit of substantial progress as a result of their fine work. We take this opportunity to express the members our appreciation for their contributions. A

complete committee list is found on page 6 of this newsletter.

-CCCEC Newsletter Staff



Words From the Chairman

Dr. Augustus A White III MD, Ph.D.

My fellow humans,

This inaugural edition of the Culturally Competent Care Education Newsletter has emanated from the Synergies Sub-Committee. There are quite a number of activities under the umbrella of culturally competent care education, thus this Newsletter has been created to help committee members as well as the HMS community generally to be updated concerning the multi-faceted nature of our endeavors.

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Upcoming Events:

May 12, 2005

"Cultural Competence in Health-Professions Training: Considerations for Implementation" webcast hosted by the American Association of Colleges of Pharmacy and the Association of American Medical Colleges

May 24, 2005

CCCEC Spring Retreat.

keynote address by Ken Fox, MD entitled, "It's Funny How Money [Change] a Situation: 'Cultural Competence' and the Miseducation of Ken Fox, M.D."

CCC workshops:

"Using the Cross-Cultural Primer: A Case-Based Approach"

"Facilitating Tutorial Discussions of Cultural Issues"

CCCEC NEWS

New On-line resource Center Now Available.....Pg 3

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Sub-Committee Updates

CCCEC Steering Committee

The Steering body of the Culturally Competent Care Education Committee (CCCEC) held a Fall Retreat in September of 2004. At this meeting the committee developed a strategic plan for the year, and outlined the major initiatives of the sub-committees.

More recently, the Steering Committee has been focused on a proposal to Blue Cross-Blue Shield that would provide the committee with enough support to create a formal structure for current and future culturally competent care (CCC) initiatives. The proposal will outline the background and rationale for cultural competence education, existing initiatives and accomplishments across the HMS curriculum, and major projects for which we need support as we move forward. The proposed structure will reflect the current organization of the committee in that Faculty Development, Curriculum Development, Evaluation and synergies with HMS affiliates' programs will have prominence. Additionally, the proposal will detail the need for scholarly research in the area of CCC, and the ability of the CCCEC to act in a consulting role to outside institutions.

The Steering Committee has been focused on a proposal to Blue Cross-Blue Shield that would provide the committee with enough support to create a formal structure for current and future culturally competent care (CCC) initiatives

The CCCEC is also planning two major events in May, 2005. On May 12, twenty-three committee members are participating in the "Cultural Competence in Health-Professions Training: Considerations for Implementation" webcast hosted by the American Association of Colleges of Pharmacy and the Association of American Medical Colleges. The purpose of the webcast is to inform health-professions educators about approaches for incorporating cultural competence into curricula. Participants will have the opportunity to engage in a discussion about the underpinnings, benefits, and challenges of building a culturally competent health-professions workforce;

learn about two approaches that schools are using to implement and assess cultural-competence curricula; and access a variety of resources to enhance their institution's efforts to integrate cultural-competence training.

On May 24, the CCCEC is sponsoring a Spring Retreat. The Retreat will consist of a keynote address by Ken Fox, MD entitled, "It's Funny How Money [Change] a Situation: 'Cultural Competence' and the Miseducation of Ken Fox, M.D." The CCCEC sub-committees will then have a chance to report on their activities, and the group will briefly discuss the implications of the new cultural competence training regulations passed by the state of New Jersey.

Retreat participants will also have the opportunity to attend two CCC workshops. The first workshop, "Using the Cross-Cultural Primer: A Case-Based Approach", will focus on developing skills around cross-cultural issues that arise in the clinical setting. Using a simulated case format, faculty members will have the opportunity to apply the content addressed in the Cross-Cultural Primer. The second workshop, "Facilitating Tutorial Discussions of Cultural Issues", will focus on small group facilitation skills. Using a fish-bowl demonstration format, faculty members will gain an understanding of the issues that can arise during the facilitation of tutorials when discussing cultural issues. Faculty will have a chance to observe and discuss group dynamics and facilitation skills.

For more information about these initiatives, please contact Emily Rickards.

-Emily Rickards, M.A.

*Program Officer, New Pathway Societies
Harvard Medical School*

CCC faculty development Subcommittee

Our group has been very busy this year. We have recruited 22 faculty members as part of Harvard Medical School's first group of core teachers in culturally competent care (CCC). Their participation as a master teacher has begun to demonstrate how culturally competent care can be effectively taught when cultural, religious, socioeconomic and linguistic factors are included in a fully developed teaching plan and curriculum.

At HMS, not only are individual faculty members committed to CCC, but our culturally competent care educational committee (CCEC) has received sub-

stantial institutional support from both the HMS Dean of the Medical School, Joseph Boyd Martin, M.D.

With their assistance, we have been working on medical education reform initiatives since 2001 and have established and built a solid foundation and infrastructure for CCC with representation from disciplines across HMS and its affiliate hospitals and institutions. Our CCC faculty development subcommittee chaired by Janet Hafler Ed.D and co-chaired by Alex Green M.D. actively meets on a regular basis to provide oversight of all the faculty development activities.

The mission of the CCCEC is to foster the development of faculty who will implement a curriculum that prepares students with the knowledge, skills and attitudes needed to provide quality care for every patient of any circumstance and so to eliminate health disparities among all groups and populations.

The core teachers participated in:

1. Two four-hour faculty development sessions consisting of multiple interactive workshops to “train the trainers” on culturally competent care teaching skills.
2. Participation in the CCC Longitudinal Course, which consists of three teaching opportunities: 1) during Year I student Orientation (in August); 2) during the Patient/Doctor II OSCE for Year II students (in the spring); and 3) in the Patient/Doctor III.

In addition we held one medical education grand rounds addressing the topic of CCC.

Monica Weaver joined the faculty development effort part time as an administrative fellow for one year.

We designed a peer-reviewed workshop that was presented at the national meeting, AAMC.

We designed a multi-institution workshop that was submitted to the AAMC for peer review.

We designed and implemented a research study to explore the impact of the CCC faculty development program on the core-teaching faculty

*-Janet Hafler ED.D
Assistant Professor of Pediatrics (Medical Education)
Director of Faculty Development in the Office of
Educational Development*

CCEC NEWS

New Online Resource Center provides resources for faculty interested in cultural competence

The Synergies Subcommittee of the CCCEC has as its primary mission the development of connections within and beyond our own communities in the teaching and dissemination of cross-cultural care education. To meet this goal, the subcommittee announces the creation of an Online Resource Center to share resources and exchange information on initiatives in cross-cultural education and training. The center will serve as an important resource to students, faculty, staff or anyone interested in accessing cross-cultural care/education resources and expanding their work in teaching cross-cultural care.

The Online Resource Center will help to facilitate the needed synergies to inspire creative partnerships from all efforts in cross-cultural care education at HMS, its affiliates, and beyond. The center will serve as an important resource to students, faculty, staff or anyone interested in accessing cross-cultural care/education resources and expanding their work in teaching cross-cultural care. The ultimate goal of this center is to improve the quality of care of *all* patients and reduce health disparities.

The Online Resource Center is also constructing a database to map of all the cross-cultural care/educational resources and linkages within HMS, its affiliates. The guide will serve as a vehicle for communication and as a valuable resource in connecting people with similar interests or projects. If you have information you want to share, please write it to Elizabeth Miller emiller1@partners.org, or Roxana Llerena-Quinn roxana_llerena-quinn@hms.harvard.edu.

We invite you to visit the Online Resource Center at <http://www.hms.harvard.edu/cccec> and share with us your work and resources and help us continue to grow.

*-Roxana Llerena-Quinn, Ph.D.
Instructor in Psychology in the Department of
PsychiatryHarvard Medical School*

Researcher Spotlight:



Robert Graham, MD:
Complementary and Alternative
Medicine (CAM) in Minority
Populations

CAM in minority populations is poorly understood. Additionally, the U.S. Census predicts that by 2050 over half of the population will be of 50% of all Americans will be Black, Hispanic, or Asian in origin. As the rate of minorities migrating and assimilating to the U.S. is increasing, this area of research has great public health importance

We sought to examine CAM use in Hispanics, non-Hispanic blacks and non-Hispanic whites. We analyzed data from the Alternative Health Supplement to the 2002 National Health Interview Survey (NHIS), including information on 19 different CAM therapies used in the past 12 months.

To our surprise, CAM use was highest for non-Hispanic whites (36%) followed by Hispanics (27%) and non-Hispanic blacks (26%). Non-Hispanic whites were more likely to use herbal medicine, relaxation techniques and chiropractic more frequently than Hispanics and non-Hispanic blacks. After controlling for other socio-demographic factors, Hispanic and non-Hispanic black race/ethnicity was associated with less CAM use, with adjusted odds ratios [95% confidence intervals] of 0.78 [0.70, 0.87] and 0.71[0.65, 0.78] respectively. Hispanics cited using CAM because conventional medical treatments were too expensive more frequently than non-Hispanic blacks or whites. Hispanics had the highest provider non-disclosure rates (68.5%) followed by non-Hispanic blacks (65.1%) and non-Hispanic whites (58.1%).

Our results demonstrate that the rates of CAM use in ethnic minorities are considerably less than in non-Hispanic whites. Excluding prayer, most racial/ethnic minorities do not use CAM as commonly as non-Hispanic whites. Racial/ethnic minorities are less likely to disclose their use of CAM to their health care professional. "The successful delivery of health

services to minorities must include an increased awareness and appreciation for the cultural context of their CAM use by examining health belief systems and their potential effect on health behaviors and outcomes". Additionally, further research is needed to improve our understanding of the disparities in CAM use, as well as the barriers minorities face regarding non-disclosure of CAM use to their health care providers is necessary. Finally, multidisciplinary research is also needed to develop more culturally sensitive questionnaires.

The study results appear in the April issue of the medical journal *The Journal of the National Medical Association*.

This is the largest study, examining the use of CAM among and across different racial and ethnic minority groups.

-Robert Graham, MD

*Research fellow in Medicine at the Beth Israel
Deaconess Medical Center*

IN THE NEWS

Arthritis patients more likely to take herbal medications that can interfere with prescription Medication.

A British study found that arthritis patients are more likely than other patients to use herbal remedies, increasing the chances of serious interactions with prescribed medication, Reuters Health reported. Researchers sent questionnaires to 238 patients treated by rheumatologists and found that 44 percent had used herbal remedies in the past 6 months, a much higher percentage than people among the general population who had taken herbal remedies. Of the arthritis patients who had taken remedies, 11 percent were taking remedies that put them at risk for serious interactions with prescription drugs. The herbal remedies that are most likely to cause negative reactions with prescription medicine include echinacea, ginko biloba, devil's claw, ginger, and garlic. For more information:

[Http://www.reutershealth.com/en/index.html](http://www.reutershealth.com/en/index.html)

Source: AAOS News Update. April 15, 2004

Words From the Chairman (continued from page 1)

The Newsletter also represents a maturation or evolution, if you will, of the Culturally Competent Care Education Committee's mission over the past several years.

Clearly, more HMS faculty and educators are aware of culturally competent care and its iterations in a variety of venues throughout the curriculum. Dean Joseph Martin has been quite clear about his recognition of the importance of culturally competent care education and we are sure that the new Dean for Medical Education, Jules Dienstag, will be equally supportive. Additionally, our CCCEC web site is up and running, and can be accessed by students, faculty and others at www.hms.harvard.edu/cccec

The environment beyond our committee clearly includes a recognition and appreciation for the need to address health care disparities.

- **At Massachusetts General Hospital, 3 million dollars has been allocated to influence health policy and eliminate health care disparities.**
- **The state legislature under leadership of Dianne Wilkerson is addressing health disparities by establishing The Special Commission to Eliminate Health Disparities, a product of Healthcare for All and The Physician Diversity Project.**
- **In March, 2004, Boston Mayor Thomas M. Menino convened a Blue Ribbon Task Force to Eliminate Racial and Ethnic Disparities in Health.**
- **The State of New Jersey has passed bill #S144 that requires training in culturally competent care to gain or renew medical licensure.**

Each of these represents a serious acknowledgment of the importance of cross-cultural care as a new medical discipline. Members of our committee are working diligently to prepare a proposal to gain the funding required to more broadly and expeditiously advance culturally competent care education, and the elimination of health disparities.

We anticipate that this Newsletter will identify synergies, attract attention, entice more faculty members to participate and help to facilitate inter-faculty collaboration. If you are doing work in this area, please let us know. Please also let us know about other initiatives of which you are aware, and how we can use this Newsletter to meet your interests, needs and goals.

-Augustus A White III MD, PhD.

Ellen and Melvin Gordon Professor of Medical Education, Master Oliver Wendell Holmes Society, Harvard Medical School

CCEC NEWS

Blue Cross Blue Shield Foundation of Massachusetts recently awarded the Department of Ambulatory Care and Prevention (DACP) and the Division of Service Learning at HMS a one year intervention grant to support a pilot project in the Primary Care Clerkship for third year students.

The HMS Primary Care Clerkship (PCC) is a required, 9-month longitudinal clerkship for all 3rd year medical students. Entitled "Community Oriented Care: Integrating Cross-cultural Care and Population Sciences into the Primary Care Clerkship." PCC students provide office-based primary care for individual patients while working together with their supervising preceptors and community agencies to develop a health care quality improvement intervention based on an identified unmet need within the community served by the practice.

As a pilot, initially supported by CCCEC, a subset of 11 PCC students attend one tutorial group. Monthly tutorials highlight how community-based perspectives can enhance health care for individuals and populations. Content focuses on understanding health disparities (and the Healthy People 2010 objectives), cross-cultural care, community needs assessment, local epidemiology, and advocacy. In the elective month that follows the 9 month PCC, students in the pilot will devote the majority of their time developing a community health project at their PCC site with the explicit goal of addressing a specific unmet need in the community being served by the practice.

For any questions, please contact the course co-directors Dr. Harvey Katz (hp Katz@yahoo.com) or Dr. Liz Miller (emiller1@partners.org) or the project coordinator Kathleen Schnaidt (kathleen_schnaidt@hms.harvard.edu).

In Appreciation

These are the Committee members whose contributions make the CCCEC Possible.

Clare Abeln, M.B.A. (C,S)
 Jason Andrus, M.D. (F)
 Ronald A. Arky, M.D. (F)
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SC= Steering Committee
 F= Faculty Development
 S= Synergies
 C= Curriculum Development
 FM: Financial Management And Research
 E=Evaluation
Bold= Committee Chair

Featured CCCEC Student Contributors

Miguel Ramirez: Miguel is a rising third year medical student at HMS, originally from the Dominican Republic. Has been actively involved in the CCCEC by producing this newsletter and writing CCC faculty development cases. His professional interests include academic orthopedics and cultural competent care education and policy.

Peter Liang: Peter has been helping us construct our faculty database. He is collecting information from faculty and staff around Harvard and affiliates who are doing work on CCC. We will be posting the information on the website.

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