

National Hispanic Medical Association

Hispanic Curriculum Program Project

September, 2002—December 2005

Final Report

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II. Abstract:

This report presents the findings of the National Hispanic Medical Association's "Hispanic Medical Residents Curriculum Project" (the Project) funded by the U.S. Department of Health and Human Services' Office of Minority Health (OMH) from 2002 to 2005 to understand the components of a Hispanic cultural competence community-based curricula in New York City primary care residency programs. The Office of Minority Health approved this study to help contribute to the development of Hispanic cultural competence curricula in the United States, through its insights and findings, particularly with respect to how to deliver culturally competent care to a diverse Hispanic community in a community-based setting. Specifically, the Project's intent is summarized by its original title "Enhancing Cultural Competence for Graduate Medical Education through Community-based Networks in New York City." The NYC Hispanic Medical Residents Curriculum Project permitted NHMA to explore how academic medical centers in a city with one of the largest and most diverse Hispanic populations in the country were responding to this challenge, as well as the expectation to provide patient centered health care services. To what extent were residency programs meeting this challenge? To what extent were they responding to the new mandated and voluntary standards for cultural competence curriculum? Was community-based research, or community partnerships a part of the equation? To what extent was Hispanic faculty being recruited to help develop Hispanic cultural competence curricula? Were Hispanic cultural competence curricula unfolding? What strategies were emerging and who were the leaders? What did residents and community leaders think was important to better train the future physician workforce to care for Hispanic patients?

Through this grant the Association followed the experiences, challenges, and strategies, of physicians, faculty, medical residents, and community leaders committed to improving the quality of health care of their institutions in service-area communities with large Hispanic populations in the City of New York. The study appraised the kinds of community-based information relevant for training medical residents and developing curricula, as well as the potential opportunities to collaborate with community-based organizations to develop cultural competence curricula for graduate medical education. Special attention was given to identifying community-based approaches in graduate medical education for training medical residents about the City's Hispanic populations. The basic methodology included 1) engaging a broad spectrum of stakeholders in focus groups on what it means to train medical residents on the Hispanic culture in New York City, and to what degree this process was already taking place in NYC teaching hospitals; 2) collecting curricula about cultural competence in GME in NYC through meetings and lectures at the NHMA annual conference; and 3) meeting with the power structure planning the future of cultural competence training in GME in NYC and elsewhere including the evaluation plans of various stakeholders.

The goals and objectives for all four years of the Project are summarized as follows:

Project Goal & Objectives (January 1 2002 to December 30, 2003)

Goal 1: Conduct an assessment of graduate medical education opportunities to develop curriculum on cultural competence related to Hispanics in New York City.

1. Identify and select primary care residency programs from the existing NHMA network to participate in the assessment, based on Hispanic population in target area and number of Hispanic students.
2. Identify and select physicians and leaders from community-based sites that are linked or are interested in being linked to graduate medical education to enhance on-site education about Hispanic patients and cultural competence
3. Develop 3 Case Studies for use in graduate medical education lectures on Hispanic health in New York City
4. Conduct an assessment of community perspectives of key aspects for Hispanic cultural competence curriculum for graduate medical education by convening a one day meeting to develop consensus recommendations with an identified panel of experts
5. Prepare Final Report for Year One
6. Convene a one-day meeting of faculty from primary care residency programs from the existing NHMA network to assess and provide recommendations for future curriculum
7. Convene a one-day meeting of selected GME residents to discuss training format received about Hispanic patients and cultural competence and generate recommendations for future curriculum development
8. Conduct an assessment of graduate medical education curriculum and reading materials on cultural competence and Hispanic populations at selected programs by a subcommittee of faculty who had participated in Year 1 meeting
9. Develop three case studies for use in graduate medical education lectures on Hispanic Health in New York City
10. Convene the HRSA Centers of Excellence to present their Cultural Competence curricula at the NHMA 7th Annual Conference during Year 2
11. Submit Year 2 Progress Report

Project Goals & Objectives (January 1 2004 to December 30, 2004)

Goal 1: To increase the knowledge about the evaluation of cultural competency training - impact on behavior and outcomes of health care delivery targeted at Hispanics

1. Convene a panel of experts to discuss the current state of knowledge on cultural competence evaluation tools and produce a report
2. Develop a list of evaluation tools used in GME across the nation
3. Develop a database of faculty involved in cultural competence evaluation tools development

Goal 2: To increase the sharing of knowledge on cultural competence and Hispanics training and evaluation

1. Coordinate a meeting of faculty to discuss progress in GME programs and linkages for training and research about Hispanics in NYC
2. Coordinate meetings with the hospital leaders to discuss future direction on cultural competence and GME in NYC

3. Coordinate a plenary session at the NHMA 8th Annual Conference on cultural competence and Hispanics training evaluation
4. Design the NHMA website section on research on cultural competence training interventions
5. Collect and integrate content for website
6. Add to the reference manager library at NHMA on cultural competence training evaluation tool

Project Goals and Objectives (January 1, 2005 – December 30, 2005)

Goal 1: Develop NHMA publications about the results of cultural competence targeted at Hispanics and on health care delivery outcomes

1. Conduct a follow-up literature and publication search to measure progress in cultural competence and the use of language services in teaching medical residents
2. Develop a report on cultural competence in GME in NYC
3. Develop a report on case studies for Hispanic health
4. Develop a report on cultural competence and evaluation

Goal 2: Distribute widely knowledge on cultural competence for Hispanics for GME training

1. Coordinate a plenary session at the NHMA 9th Annual Conference on cultural competence and Hispanics training evaluation
2. Design the NHMA website section on research on cultural competence training interventions
3. Add to the reference manager library at NHMA on cultural competence training evaluation tools
4. Distribute reports on cultural competence and case studies on Hispanic health to medical educators, medical school libraries, and others.

From 2002 to 2004, the Project staff conducted twelve major events, including the organizing of one community and two faculty working groups, plenary sessions at the 7th and 8th Annual NHMA conferences, three meetings with medical residents, and meetings with the senior leaders the Greater N.Y. Hospital Association-the trade group for all hospitals in NYC and parts of New Jersey, the NYC Health & Hospitals Corporation, the largest municipal hospital system in the country, and the New York State Council on Graduate Medical Education. Appendix 1 contains a summary table of activities.

III. Project Narrative:

A. Purpose of Project

The National Hispanic Medical Association's "Hispanic Medical Residents Curriculum Project" (the Project) was funded by the U.S. Department of Health and Human Services' Office of Minority Health (OMH) from 2002 to 2005 to study the development of Hispanic cultural competence curricula in New York City primary care residency programs. The Office of Minority Affairs approved this study to help contribute to the development of Hispanic cultural competence curricula in the United States, through its insights and findings, particularly with respect to how to deliver culturally competent care to a diverse Hispanic community in a community-based setting. The Project's intent is also summarized by its original title "Enhancing Cultural Competence for Graduate Medical Education through Community-based Networks in New York City." It provided NHMA with the opportunity to take a pulse albeit in one location of how this story was unfolding, especially at a time when it was not yet sufficiently clear to what degree medical schools, hospitals, and medical residency programs around the country were nurturing Hispanic oriented training curricula, supporting culturally and linguistically appropriate services, and working with communities to assist in this effort. Thus the Project was also designed to reach out to, and learn from some of the champions and leaders of Hispanic cultural competence in NYC.

The NYC Hispanics Medical Residents Curriculum Project permitted NHMA to explore how academic medical centers in a city with one of the largest and most diverse Hispanic populations in the Country were responding to this challenge, as well as the expectation to provide patient centered health care services. To what extent were medical schools and residency programs meeting this challenge? To what extent were they responding to the new mandated and voluntary standards? Was community-based research, or community partnerships a part of the equation? To what extent was Hispanic faculty being recruited to help develop Hispanic cultural competence curricula? Were Hispanic cultural competence curricula unfolding? What strategies were emerging and who were the leaders?

Through this grant the Association followed the experiences, challenges, and strategies, of physicians, faculty, medical residents, and community leaders committed to improving the quality of health care of their institutions in service-area communities with large Hispanic populations in the City of New York. The study appraised the kinds of community-based information relevant for training medical residents and developing curricula, as well as the potential opportunities to collaborate with community-based organizations to develop cultural competence curricula for graduate medical education. Special attention was given to identifying community-based approaches in graduate medical education for training medical residents about the City's Hispanic population. The basic methodology included 1) engaging a broad spectrum of stakeholders in focus groups on what it means to train medical residents on the Hispanic culture in New York City, and to what degree this process was already taking place in NYC teaching hospitals; 2) collecting curricula about cultural competence in GME in NYC through meetings and lectures at the NHMA annual conference; and 3) meeting with the power structure planning the future of cultural competence training in GME in NYC and elsewhere including the evaluation plans of various stakeholders.

This report summarizes the findings of this Project and offers recommendations to the U.S. Department of Health and Human Services OMH for developing curricula designed to help decrease health care disparities in the U.S., and NYC Hispanic population specifically.

The City of New York was selected as the Project's site for several reasons. In 2000, Hispanics made up the largest ethnic/racial group in the City (27% Hispanic). White Non-Hispanic made up 35% of the population, with the remaining 38% composed of African Americans, Native Americans and other races. According to the Health Resources and Services Administration, 'State Profiles of Access Indicators', New York State has poorer health status compared to the United States. In 1999 the American Medical Association's Bureau of the Census ranked New York first among all states in the country with the number of medical residents (14,511); the number of graduate medical education programs (1,116); and the residents per 100,000 populations (79.7%) and second in terms of numbers of International Medical Graduates (49.3%). New York also has more than the national average of numbers of graduates of the state medical schools who choose to remain in the state (35% vs. 32% for the country). In addition, NYC has three major groups of subpopulations of Hispanics that were the focus of the study – Puerto Ricans, Mexicans, and Dominicans.

B. Goals/Objectives/Activities:

PROJECT PERIOD: January 1, 2002 – December 31, 2002

Goal 1: To conduct an assessment of graduate medical education opportunities to develop curriculum on cultural competence related to Hispanics in New York City.

Objectives:

1. Identify and select primary care residency programs from the existing NHMA network to participate in the assessment, based on Hispanic population in target area and number of Hispanic students.

Outcomes:

This objective was completed. Medical faculty from primary care residency programs from Montefiore Medical Center, Columbia-Presbyterian Medical Center, and Cornell Medical Center including experts from other disciplines were recruited to participate in to faculty working groups in October 2002 and February 2005. Additionally, medical faculty also participated in a community/faculty working group held in June 2002. A description of the participants can be found in the project "Analysis" Appendix 2 P17-21, and Volume II to the analysis, the 'Appendices' section to the Analysis

2. Conduct an assessment of graduate medical education and reading materials with respect to cultural competence targeted at Hispanic populations at the selected programs at a one day meeting at the Robert F. Wagner Graduate School of Public Service, New York University

Outcome:

Project staff met on three separate occasions with medical residents, and two separate occasions with medical faculty to explore GME curricula and collect educational materials used by the residency programs. The directors of 5 Hispanic Centers of Excellence shared Power Point presentations on the structure of their Cultural Competence training programs in 2003 at the NHMA 7th Annual Conference. Educational materials on Hispanic cultural competence at the residency training level proved scarce and available. The findings are discussed at length in the analysis of the Project and the appendices (volume I and II).

3. Identify and select physicians and leaders from community-based sites that are linked or are interested in being linked to graduate medical education to enhance on-site education about Hispanic patients and cultural competence

Outcome:

This objective was met. A community/faculty working group was convened on June 14, 2002 at the NYU Wagner School of Public Service. See Appendices 3: Volume II: Section 5, NHMA Hispanic Cultural competence and NYC GME Curriculum Work Group, June 14, 2002 Community Meeting/Faculty Focus Group, Findings and Recommendations.

4. Develop 3 Case Studies for use in graduate medical education lectures on Hispanic health in New York City

Outcomes:

This objective was partially met. Case Studies dealing with patients from Puerto Rican, Dominican, Mexican populations in NYC neighborhoods and their access to health care, cultural issues in health behavior were developed based on interviews with NHMA physicians. The major problem was the difficulty in contacting one doctor, the time lag between initial interview of another doctor and the follow-up by NHMA staff which contributed to the inability to complete at least 2 of the 8 planned case studies. One case study did not become a story about patient care, but rather of a story of influencing change within language services in a hospital. Thus, there were 4 completed case studies. (Correa, Rey, Hernandez, Mendez).

Project Director contracted with a past NHMA Fellow, Dr. Elias Guerrero, who lives in New York City to develop the planning and recommendations for NHMA case studies, conduct research on Case Study examples in the medical education literature. Then the consultant on the project carried out the interviews and summarized the case studies.

Project Director selected 3 experts for the initial year's case studies, based on their input to the First Panel of Experts meeting – Dr. Nilsa Gutierrez (primary care physician, now working as Medical Officer, DHHS Region II); Dr. Emilio Oribe (community physician and current President, Spanish American Society of Medicine and Dentistry of New York); and Paloma Hernandez, CEO, Urban Health Plan of the

Bronx. Case Study format was developed. (See Appendix) and deadlines set for November, 2002.

5. Conduct an assessment of community perspective of key aspects for Hispanic cultural competence curriculum for graduate medical education by convening a one day meeting to develop consensus recommendations with an identified panel of experts

Outcome:

This objective was met. See objective 3 above, the June 14, 2002

Community/Faculty work group convened at NYU, and consensus recommendations on Hispanic health issues issued for further study. NHMA consultant canvassed NHMA network of physicians and community leaders in New York City to identify The NHMA consultant collected statistics and data on Hispanic populations in New York City, health characteristics, cultural/social/psych/environmental issues pertaining to health care delivery in NYC for Hispanics. A meeting participant list was created. A meeting agenda and questions were developed. Presentations on the Cultural Competence principles/recommendations for curriculum were developed and presented by the Project Director and by the Consultant. . See Appendices 2 & 3 for an analysis of the meeting and the findings and recommendations

6. Follow-up phone calls for further detailed information and writing of Final Report

Outcome:

This Final Report for Year 2 of the Project was submitted on time.

PROJECT PERIOD: January 1, 2003 – December 30, 2003

Goal 1: Conduct an assessment of graduate medical education opportunities to develop curriculum on cultural competence related to Hispanics in New York City

Objectives

1. Convene a one-day meeting of faculty from primary care residency programs from the existing NHMA network to assess and provide recommendations for future curriculum

Outcome:

Primary care faculty from amongst the NHMA network met on three occasions throughout the life of the Project to assess GME Hispanic cultural competence curricula and educational materials: June 14, 2002, October 4, 2002, and February 25, 2005.

2. Convene a one-day meeting of selected GME residents to discuss training format received about Hispanic patients and cultural competence and generate recommendations for future curriculum development

Outcome:

This objective was met. Originally, the program plan called for one meeting. Gathering medical residents in one meeting proved difficult given the onerous coverage schedules through multiple teaching institutions that medical residents are expected to meet. To compensate for these difficulties, meetings were convened on May 4th and 23rd, 2003, and January 23rd, 2004. See Appendices 1, Project Analysis and Volume II, the Appendices to the Analysis Report.

3. Conduct an assessment of graduate medical education curriculum and reading materials on cultural competence and Hispanic populations at selected programs by a subcommittee of faculty who had participated in Year 1 meeting

Outcome:

The objective was accomplished. Medical faculty who attended the June 14th and October 4th, 2002 community and faculty work group meeting, reconvened on February 25, 2005 to review progress in their institutions and share written materials. As reported previously, Project staff did not succeed in collecting course outlines and written materials, such as case studies.

4. Develop three case studies for use in graduate medical education lectures on Hispanic Health in New York City

Outcomes:

This objective was partially met. See year one and Appendix 4.

5. Convene the HRSA Centers of Excellence to present their Cultural Competence curricula at the NHMA 7th Annual Conference during Year 2

Outcomes:

This objective was met. See the Analysis Report (P28, “the Hispanic Centers of Excellence”), appendix 3.

6. Submit the Progress Report

Outcomes:

This objective was met.

PROJECT PERIOD: January 1 2004 to December 30, 2004

Goal 1: To increase the knowledge about the evaluation of cultural competency training - impact on behavior and outcomes of health care delivery targeted at Hispanics

Objectives:

1. Convene a panel of experts to discuss the current state of knowledge on cultural competence evaluation tools and produce a report

Outcomes:

The objective was met. A panel of experts of senior representatives of the accrediting and licensing bodies in health care met in Washington DC on September 9th, 2004.

2. Develop a list of evaluation tools used in GME across the nation

Outcomes:

This objective was accomplished. See Analysis Report Volume I, Section V, articles 9 – “Tool for Assessing Cultural Competence Training”, and article 10 “Current State of Evaluating Linguistic and Cultural Competence Programs” (Appendix 3)

3. Develop a database of faculty involved in cultural competence evaluation tools development

Outcome:

This objective was met. See appendix 3.

Goal 2: To increase the sharing of knowledge on cultural competence and Hispanics training and evaluation

Objectives:

1. Coordinate a meeting of faculty to discuss progress in GME programs and linkages for training and research about Hispanics in NYC

Outcome:

On February 25, 2005, Project staff convened a meeting of faculty that attended the initial faculty meeting in October 2002, to review progress during this intervening period. This objective was met. See Volume I, “Analysis”, Section V, article 2. (Appendix 2)

2. Coordinate meetings with the hospital leaders to discuss future direction on cultural competence and GME in NYC

Outcome:

This objective was met. See Volume I “Analysis”, sections 5 and 7 (appendix 2)

3. Coordinate a plenary session at the NHMA 8th Annual Conference on cultural competence and Hispanics training evaluation

Outcome:

This objective was met. See Volume I “Analysis” Section V, sections 6 & 9 (appendix 2). Also see appendix 6 for a full transcript of the plenary session.

4. Design the NHMA website section on research on cultural competence training interventions

5. Collect and integrate content for website

Outcome:

See NHMA website.

6. Add to the reference manager library at NHMA on cultural competence training evaluation tools

Outcome:

Project staff has continued adding cultural competence journal articles to the Reference Manager. The ability to add research material on evaluation tools was constrained by Project findings.

PROJECT PERIOD: January 1, 2005 – December 30th, 2005

Goal 1: To develop NHMA publications about the results of cultural competence targeted at Hispanics on health care delivery outcomes

Objectives:

1. Conduct a follow-up literature and publication search to measure progress in cultural competence and the use of language services in teaching medical residents

Outcome:

The objective was accomplished. See appendix 7.

2. Develop a report on cultural competence in GME in NYC

Outcome:

This objective was met. See the 66 page report “Analysis: A study of the Development of Hispanic Cultural Competence Medical Education Curricula in NYC Medical Residency Programs” (appendix 2)

3. Develop a report on case studies for Hispanic health

Outcome:

This objective was met. See appendix 7.

4. Develop a report on cultural competence and evaluation

Outcome:

This objective was met. See “Report on Cultural Competence and Evaluation, Panel of Experts: Current State of Evaluating Linguistic and Cultural Competence Programs, Findings and Recommendations 9/9/04” (appendix 8)

Goal 2: Distribute widely knowledge on cultural competence for Hispanics for GME training

Objectives:

1. Coordinate a plenary session at the NHMA 9th Annual Conference on cultural competence and Hispanics training evaluation

Outcomes:

This objective was met. See appendix 9.

2. Design the NHMA website section on research on cultural competence training interventions

Outcomes: see website.

3. Add to the reference manager library at NHMA on cultural competence training evaluation tools

Outcomes:

This objective was accomplished (appendix 10)

4. Distribute reports on cultural competence and case studies on Hispanic health to medical educators, medical school libraries, and others.

Outcomes:

This objective was met. See www.nhmamd.org

C. Program Plan (Methodology)

PROJECT PERIOD: January 1, 2002 – December 31, 2002

Goal 1: Conduct an assessment of graduate medical education opportunities to develop curriculum on cultural competence related to Hispanics in New York City.

Objectives:

Identify and select primary care residency programs from the existing NHMA network to participate in the assessment, based on Hispanic population in target area and number of Hispanic students.

Methodology:

NHMA invited medical faculty from four of the City's academic health centers, representatives of the NYS Spanish American Medical Dental Society, and NYC-based NHMA members to a workshop on Hispanic cultural competence curriculum development on October 5, 2002 at the NYU Robert F. Wagner Graduate School of Public Service. Appendix 2, the

“Analysis” of the Project results, contains a full text of the workgroup recommendations (P12). Faculty from Montefiore/Albert Einstein, Cornell, and Columbia-Presbyterian attended the meetings. Participants were asked to focus on three themes: the socio-cultural dynamics amongst the three Hispanic sub-groups—Dominicans, Mexicans, and Puerto Ricans, insights about developing GME curricula for NYC medical residency programs, and community-based research. Participants were also asked to share curriculum and teaching materials. The panel findings of the April 6, 2002 workgroup on ‘Developing Hispanic Cultural Competence in Medical Education’ were shared to orient the workgroup participants before beginning discussions

NHMA invited 18 faculties from four of the City’s large academic health centers, the NYS Spanish American Medical Dental Society, and NHMA members in New York to attend the workshop discussion on Hispanic Cultural Competence curriculum development. Ten of the eighteen invitees attended the meeting. Participants included: Nereida Correa, MD, Director, Hispanic Center of Excellence, Albert Einstein College of Medicine; Elizabeth Theresa Lee-Rey MD, Co-Director, Hispanic Center of Excellence at Albert Einstein College of Medicine; Susana Morales, MD, Associate Chair, Department of Medicine, Cornell University/Weill Medical College; Olveen Carrasquillo, MD, Assistant Professor of Medicine & Health Policy, Division of General Medicine, Columbia University, College of Physicians & Surgeons; Emilio Oribe, MD, President, Spanish American Medical Dental Society of New York; Nilsa Gutierrez, MD, Medical Director Region II, USDHHS Centers for Medicare and Medicaid Services; Paloma Hernandez MPH, MS President/CEO Urban Health Center; Elena V. Rios MD, MSPH, President/CEO NHMA; Emilio J. Morante MPH, MSUP, Project Consultant.

Conduct an assessment of graduate medical education and reading materials with respect to cultural competence targeted at Hispanic populations at the selected programs at a one day meeting at the Robert F. Wagner Graduate School of Public Service, New York University

Methodology:

Project staff met on three separate occasions with medical residents, and two separate occasions with medical faculty to explore GME curricula and collect educational materials used by the residency programs. The directors of 5 Hispanic Centers of Excellence shared Power Point presentations on the structure of their Cultural Competence training programs in 2003 at the NHMA 7th Annual Conference. Educational materials on Hispanic cultural competence at the residency training level proved scarce and available. The findings are discussed more fully below in the meeting with the medical residents.

Identify and select physicians and leaders from community-based sites that are linked or are interested in being linked to graduate medical education to enhance on-site education about Hispanic patients and cultural competence

Methodology:

Twenty three invitations were extended to leaders of community-based organizations, medical faculty of primary care residency programs from within the NHMA network and regional federal government representatives from the US Department of Health and Human services—to attend a meeting on June 14, 2002 at New York University’s Wagner Graduate

School of Public Service. Recognized leaders from the Dominican, Puerto Rican, and Mexican American communities were invited. Fifteen individuals attended the all day session at NYU. The group was moderated by Dr. Elena Rios, Project Director and President/CEO of the National Hispanic Medical Association, and Dr. Jo Ivey Boufford, Dean of the Wagner Graduate School of Public Service.

Thirteen community organizations from the counties of the Bronx, Brooklyn and Manhattan confirmed attendance. Participating in the focus group were leaders of the following organizations: **Alianza Dominicana**, the oldest and perhaps most influential community-based organization in the Washington Heights Dominican community; **Urban Health Plan**, first established as a family-owned private practice in the heart of the predominantly Puerto Rican South Bronx in 1962, becoming a State licensed health facility in 1973, and today, a federally funded free-standing comprehensive community health center administering five satellites in South Bronx providing over 140,000 annual visits to 20,000 users; **Sister-to-Sister**, a Brooklyn-based organization working with young women of color; the **Dominican Women's Development Center's Domestic Violence Program** in Washington Heights; **Latina Share**, a self-help organization for women with breast and ovarian cancer in Washington Heights; **We Stay/Nos Quedamos**, a Puerto Rican based housing program in the South Bronx advocating for the rights of tenants and small home owners; the **Commission on the Public's Health System**, an influential public health watchdog group representing a network of over 40 community based, labor, and religious organizations from throughout the City's five boroughs, recognized for its publication of numerous studies on major public health issues affecting the poor and uninsured, and its oversight of the City and State health budgets; and the **Leonardo Covello Senior Center**, an East Harlem senior citizens service center. Other participants included the President of the 80 year old 400 member Spanish American Medical Dental Society of New York State; and the Medical Director of Region II of the U.S. Department of Health & Human Services. In total, leaders from eight community-based organizations, from Brooklyn, the Bronx, and Manhattan participated in the NHMA Project work group.

Five cancelled days before the meeting—the Latin American Integration Center and Tepeyak—primarily serving the new Mexican immigrant community, and El Nuevo Manacer, El Puente and Betances Health Center. The absence of Tepeyak was a significant loss since this organization is perhaps one of the most important representatives of the Mexican experience in NYC. Despite extensive efforts to assure the participation of the newest of the Latino communities in NYC, the Mexican community, neither Tepeyak nor the Latin American Workers Project [another organization that declined to attend from the inception] sent representatives. **Make the Road by Walking**, a highly visible Brooklyn-based advocacy organization working closely with indigent immigrant communities in the area of health care rights, also did not attend the focus group. But as a major partner working closely with the Commission on the Public's Health System, this organization's experience was ably represented by the Commission's representative in the work group.

Develop 3 Case Studies for use in graduate medical education lectures on Hispanic health in New York City

Methodology:

This objective was partially met. Case Studies – Puerto Rican, Dominican, Mexican populations in NYC neighborhoods and their access to health care, cultural issues in health behavior were summarized based on interviews with 4 physicians. Project Director contracted with a past NHMA Fellow, Dr. Elias Guerrero, who lives in New York City to develop the planning and recommendations for NHMA case studies, conduct research on Case Study examples in the medical education literature. Then the consultant on the project developed the case studies.

Project Director selected 3 experts based on their input to the First Panel of Experts meeting – Dr. Nilsa Gutierrez (primary care physician, now working as Medical Officer, DHHS Region II); Dr. Emilio Oribe (community physician and current President, Spanish American Society of Medicine and Dentistry of New York); and Paloma Hernandez, CEO, Urban Health Plan of the Bronx. Case Study format was developed. (See Appendix) and deadlines set for November, 2002.

Conduct an assessment of community perspective of key aspects for Hispanic cultural competence curriculum for graduate medical education by convening a one day meeting to develop consensus recommendations with an identified panel of experts

Methodology:

This objective was modified to the work group format described in objective no.3 (see above) in lieu of the panel of expert format. This change was the result of an observation by the NHMA leadership that the intention of the event should also include creating the conditions for a dialogue between the leaders of academia and community leaders, in addition to an assessment. Thus the June 14, 2002 event at NYU's Wagner School of Public Service was converted into an all day work group meeting with a larger and diverse number of participants. This change did not impede the additional goal to utilize the event as a means of gathering statistics and analytical information on the Hispanic populations in New York City i.e. health characteristics, cultural/social/psych/environmental issues pertaining to health care delivery in NYC for Hispanics. In addition to the community/faculty work group meeting, this information was gathered through website searches and keynote speakers at the 8th Annual NHMA Conference— Bernard Drier MD, the associate vice chair of pediatrics at the NYU School of Medicine, Manuel Trujillo MD, the vice chair of psychiatry at the NYU School of Medicine, and Mariano Rey MD, NYU dean of students, and director of the Institute for Urban and Global Health at the NYU School of Medicine (Appendices 6).

Follow-up phone calls for further detailed information and writing of Final Report

Methodology:

This Final Report for Year 2 of the Project was submitted on time.

PROJECT PERIOD: January 1, 2003 – December 30, 2003

Goal 1: Conduct an assessment of graduate medical education opportunities to develop curriculum on cultural competence related to Hispanics in New York City

Objectives

Convene a one-day meeting of faculty from primary care residency programs from the existing NHMA network to assess and provide recommendations for future curriculum

Methodology:

NHMA invited medical faculty from four of the City's academic health centers, representatives of the NYS Spanish American Medical Dental Society, and NYC-based NHMA members to a workshop on Hispanic cultural competence curriculum development on October 5, 2002 at the NYU Robert F. Wagner Graduate School of Public Service. Volume II of the Analysis report contains the full text of the discussions and recommendations provided by this workgroup (Appendix 3, article 6). Faculty from Montefiore/Albert Einstein, Cornell, and Columbia-Presbyterian attended the meetings. Participants were asked to focus on three themes: the sociocultural dynamics amongst the three Hispanic sub-groups—Dominicans, Mexicans, and Puerto Ricans, insights about developing GME curricula for NYC medical residency programs, and community-based research. Participants were also asked to share curriculum and teaching materials. The panel findings of the April 6, 2002 workgroup on 'Developing Hispanic Cultural Competence in Medical Education' were shared to orient the workgroup participants before beginning discussions. Invited were eighteen faculties from four of the City's large academic health centers, the leadership of the NYS Spanish American Medical Dental Society, and NHMA members in New York to explore Hispanic Cultural Competence curriculum development. Ten of the eighteen invitees attended the meeting. Participants included: Nereida Correa, MD, Director, Hispanic Center of Excellence, Albert Einstein College of Medicine; Elizabeth Theresa Lee-Rey MD, Co-Director, Hispanic Center of Excellence at Albert Einstein College of Medicine; Susana Morales, MD, Associate Chair, Department of Medicine, Cornell University/Weill Medical College; Olveen Carrasquillo, MD, Assistant Professor of Medicine & Health Policy, Division of General Medicine, Columbia University, College of Physicians & Surgeons; Emilio Oribe, MD, President, Spanish American Medical Dental Society of New York; Nilsa Gutierrez, MD, Medical Director Region II, USDHHS Centers for Medicare and Medicaid Services; Paloma Hernandez MPH, MS President/CEO Urban Health Center; Elena V. Rios MD, MSPH, President/CEO NHMA; Emilio J. Morante MPH, MSUP, Project Consultant.

Convene a one-day meeting of selected GME residents to discuss training format received about Hispanic patients and cultural competence and generate recommendations for future curriculum development

Methodology:

Originally, the program plan called for planning one meeting of medical residents. But the initial meeting with medical residents failed to produce any artifacts on cultural competence training materials, leading to additional interviews with medical residents. The Project Director interviewed Hispanic medical residents from five NYC teaching hospitals and academic health centers about their training experiences on three different occasions in 2003-04 Three meetings

were conducted May 4th and May 23rd 2003, and January 23, 2004 with residents from five institutions: 1) New York Presbyterian Hospital, 2) the Cornell Medical Center, 3) the New York Hospital-Queens Medical Center (HHC), 4) the State University of New York Health Science Center at Brooklyn College of Medicine, and 5) Montefiore Medical Center/Albert Einstein College of Medicine. The May 4th focus group was organized in Albany New York, at the NHMA Medical Resident Leadership Training seminar attended by medical residents from around the country, including medical residents from the State University of New York at Brooklyn, New York Cornell, and Queens Medical Center. A total of 7 medical residents shared their training experiences with cultural competence. Despite expanding the number of meetings from one to three to facilitate the collection of cultural competence educational materials, the Project did not meet this objective. The core meeting (May 23rd 2003) was well attended but none of the medical residents produced educational materials. The May 3rd 2003 focus group was simply an opportunity to interview a captured audience of three medical residents. None of the residents at any of the sessions produced any written materials related to cultural competence training. While the residents did recall receiving handouts at one time or another, the experience also suggested that informational materials are used sporadically, with a heavier reliance on lectures and experiential activities. Although this objective was met, the results were only partially successful (Appendix 2, P28).

Conduct an assessment of graduate medical education curriculum and reading materials on cultural competence and Hispanic populations at selected programs by a subcommittee of faculty who had participated in Year 1 meeting

Methodology:

Project staff organized multiple opportunities throughout the life of the Project to assess GME curricula and instructional materials with the participation of medical faculty from NYC based academic health centers (October 4th 2002 at NYU, and February 25, 2005 at Urban Health Center), and through the presentations provided by the directors of the Hispanic Centers of Excellence at the 7th Annual NHMA Conference (2003). The analysis of the Project (appendix 2), and the Appendices to the Report (appendix3) contain a complete of the findings.

Develop three case studies for use in graduate medical education lectures on Hispanic Health in New York City

Methodology:

This objective was partially met. See Appendix 4.

Convene the HRSA Centers of Excellence to present their Cultural Competence curricula at the NHMA 7th Annual Conference during Year 2

Methodology:

NHMA convened the plenary session “Hispanic Centers of Excellence Cultural Competence Curriculum Accomplishments”, at the 2003 Annual Conference to learn about the activities of the Hispanic Centers of Excellence (HCOE) with curriculum development. The directors of five Centers presented: the University of Arizona Health Sciences Center, the

University of California San Diego School of Medicine, the Stanford University School of Medicine, the University of Texas Health Science Center at San Antonio Medical School, and the University of Texas Medical Branch-Galveston presented at the plenary session. The presentations generally focused on the structures of each of the Centers and their historical development. The speakers included Dr. Martha Medrano, HCOE Director UTHSC San Antonio Medical School; Dr. Fernando Mendoza, HCOE Director Stanford University School of Medicine; Dr. Cecilia Romero, HCOE Director University of Texas Medical Branch-Galveston; Francisco Garcia, HCOE Director University of Arizona Health Sciences Center; Dr. Sandra Daley, HCOE Director, University of California, San Diego School of Medicine. Appendix 7 contains a summary report of the plenary session findings culled from the original transcripts, and the individual experiences of each Center and its leadership with the development of their structures. Highlights of each the programs follow. (Appendix 2, Volume I, Project “Analysis”, P22-29)

Submit the Progress Report

Methodology: This objective was met.

PROJECT PERIOD: January 1 2004 to December 30, 2004

Goal 1: To increase the knowledge about the evaluation of cultural competency training - impact on behavior and outcomes of health care delivery targeted at Hispanics

Objectives:

Convene a panel of experts to discuss the current state of knowledge on cultural competence evaluation tools and produce a report

Methodology:

The National Hispanic Medical Association convened a panel of experts on September 9th, 2004 at the Crowne Plaza Hotel in Washington DC on the “Current State of Evaluating Linguistic and Cultural Competence Programs”. Seven of the Nation’s leading accrediting, licensing, and policy development health care organizations participated in the event, including: 1) the Liaison Committee for Medical Education (LCME) sponsored by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA), 2) the Joint Commission on the Accreditation of Health Care Organizations (JCAHO), 3) the National Board of Medical Examiners (the U.S. Medical Licensing Examination), 4) the National Committee for Quality Assurance (NCQA), 5) the National Quality Forum (NQA), 6) the Educational Commission for Foreign Medical Graduates (ECFMG), and 7) the Office of Minority Health of the U.S. Department of Health & Human Services (OMH). Eighty two findings were culled from the day long proceedings and are found in full in Volume II, the Appendices to the Project Analysis (Appendix 3). The deliberations produced a cascade of information on the progression of standards, studies, and programs.

Panel Participants included: Mr. Guadalupe Pacheco, MSW, Special Assistant to the Director, Office of Minority Health, USDHHS; Mr. Stephen S Seeling, Vice President for Operations, Education Commission for Foreign Medical Graduates (EC FMG); Deborah Danoff, MD, Liaison Committee for Medical Education-Medical School Standards and Assessment,

Association of American Medical Colleges; Amy Wilson, Associate Project Director, Division of Standards and Survey Methods & Principal Investigator of the Hospitals, Language & Culture Project of the Joint Commission on Accreditation of Health Care Organizations; Helen Wu, MSC, Program Director, National Quality Forum; Sarah Scholle, National Committee for Quality Assurance; Gerard Dillon, PhD, Associate Vice President, United States Medical Licensing Examination of the National Board of Medical Examiners; Elena Rios, MD, MSPH, President/CEO National Hispanic Medical Association; Emilio J. Morante, MPH, MSUP, NHMA Project Consultant

Develop a list of evaluation tools used in GME across the nation

Methodology:

The findings to this objective are summarized in the Project analysis. See Analysis Report Volume I, Section V, articles 9 – “Tool for Assessing Cultural Competence Training”, and article 10 “Current State of Evaluating Linguistic and Cultural Competence Programs” (Appendix 3)

Develop a database of faculty involved in cultural competence evaluation tools development

Methodology:

See comments to Objective 2 immediately above.

Goal 2: To increase the sharing of knowledge on cultural competence and Hispanics training and evaluation

Objectives:

Coordinate a meeting of faculty to discuss progress in GME programs and linkages for training and research about Hispanics in NYC

Methodology:

A follow-up working group to the October 4, 2002 faculty meeting (Volume I, “Analysis”, Section V, article 2) was convened at the Federally Qualified Health Center Urban Health Plan in the South Bronx on February 25, 2005 to provide a progress report since the last meeting in late 2002. Although all the participants to the first meeting were invited, few medical faculty attended (Appendix 11).

Coordinate meetings with the hospital leaders to discuss future direction on cultural competence and GME in NYC

Methodology:

Dr. Elena Rios and Mr. Emilio Morante met with the President of the New York City Health and Hospitals Corporation Dr. Benjamin Chu and members of his senior staff on May 30th, 2003 to obtain an overview of the Corporation’s cultural competence training programs for the medical and professional staff. Forty-five percent of the Corporation’s patient population is

Hispanic. The Corporation is the largest network of public hospitals, community health centers, and long-term care facilities in the United States with a budget surpassing \$4 billion.

The project director and program consultant also met with the senior leadership of the Greater New York Hospital Association (GNYHA) on June 2nd, 2003 on the advice of NHMA members residing in NYC. Representing GNYHA was: a) Susan C. Waltman, the Senior Vice President and General Counsel, Terri A. Straub, Vice President, Quality and Safety, Lloyd C. Bishop, Associate Vice President, Government and Community Affairs, and Tim Johnson, Director, Health Finance and Physicians Policy.

The Hospital Association expressed their support for cultural competence training and culturally and linguistically appropriate services although they also acknowledged the need to make the business case to many of its member institutions. GNYHA began to look at the legal implications of health disparities when the newspaper New York Newsweek published a series of articles in 2000 on access barriers to organs and organ transplants by ethnic and racial minorities. The publicity prompted GNYHA to establish a workgroup to examine how its members were responding to the Limited English Proficient (LEP) patient population, the cultural competence agenda, and its community-based partnerships. The GNYHA senior staff briefed the Project staff of the NYS graduate medical education 'incentive pool' funded by the Legislature, and managed by the New York State Department of Health's Council on Graduate Medical Education (NYSCOGME). This State program provides an enhanced reimbursement rate to hospitals that meet the related NYS GME requirements (See Appendix 2 for more details on these meetings.)

Coordinate a plenary session at the NHMA 8th Annual Conference on cultural competence and Hispanics training evaluation

Methodology:

The keynote speakers at the 8th Annual NHMA Conference included: a) Bernard Drier MD, the Associate Vice Chair of pediatrics at the NYU School of Medicine and directs a cultural competence training program for his medical residents who care for a large patient population from Puebla Mexico, Manuel Trujillo MD, the vice chair of psychiatry at the NYU School of Medicine who presides over a department that cares for 180 different nationalities, and Mariano Rey MD, the NYU Dean of Students, and Director of the Institute for Urban and Global Health at the NYU School of Medicine (Appendices 6).

*Design the NHMA website section on research on cultural competence training interventions
Collect and integrate content for website*

Methodology:

This objective was accomplished. See NHMA Website.

Add to the reference manager library at NHMA on cultural competence training evaluation tools

Methodology:

The absence of a wide variety of evaluation tools for measuring the *effectiveness* of GME cultural competence programs was a major finding of this Project, and one of the core

recommendations to OMH on next steps. The “Tool for Assessing Cultural Competence Training”, developed by the American Association of Medical Colleges (AAMC) is the principle tool being used to measure curricula content according to cultural competence standards set by the Liaison Committee on Medical Education (the LCME). This tool does not measure the efficacy of training. It evaluates content.

PROJECT PERIOD: January 1, 2005 – December 30th, 2005

Goal 1: To develop NHMA publications about the results of cultural competence targeted at Hispanics on health care delivery outcomes

Objectives:

Conduct a follow-up literature and publication search to measure progress in cultural competence and the use of language services in teaching medical residents

Methodology:

NHMA has continued updating its literature searches since the first sampling of 3000 cultural competence journal articles for Hispanic content prepared in April 2002. The latest literature search for Hispanic cultural competence research materials was conducted in December 2005, the last month of the Project. Three thousand six hundred and sixty-one journals articles on Hispanic Health were found through a Reference Manager search of the Pub Med database. A cursory review of this database identified only one article addressing the evaluation of cultural competence training. Appendix 10 provides a Reference Manager generated list of the 485 journal articles published in calendar year 2005 on Hispanic Health issues.

Develop a report on cultural competence in GME in NYC

Methodology:

The core product of the Hispanic Medical Residents Curriculum Project is the 66 page analysis of the Project “A Study of the Development of Hispanic Cultural Competency Medical Education Curricula in NYC Medical Residency Programs 2002-2004 Volume I”. Volume II of study contains the 95 page appendices to the report (Appendix 2 & 3).

Develop a report on case studies for Hispanic health

Methodology:

This objective was accomplished. See appendix #

Develop a report on cultural competence and evaluation

Methodology:

This objective was met. See “Report on Cultural Competence and Evaluation, Panel of Experts: Current State of Evaluating Linguistic and Cultural Competence Programs, Findings and Recommendations 9/9/04” (appendix 8). This report contains a summary of the panel deliberations includes 82 recommendations culled from the day long proceedings.

Goal 2: Distribute widely knowledge on cultural competence for Hispanics for GME training

Objectives:

Coordinate a plenary session at the NHMA 9th Annual Conference on cultural competence and Hispanics training evaluation

Methodology:

This objective was met. See appendix 9.

Design the NHMA website section on research on cultural competence training interventions

Methodology:

See the website cultural competence research section at nhmamd@nhmd.org

Add to the reference manager library at NHMA on cultural competence training evaluation tools

Methodology:

The last search for cultural competence training evaluation tools and Hispanic cultural competence tools was conducted in December 2005. Reference Manager identified 3661 articles on Hispanic Health issues across all disciplines, but with only one article that addressed cultural competence medical education training. Appendix 10 includes a summary of the 485 Hispanic health-related journal articles identified by Pub Med.

Distribute reports on cultural competence and case studies on Hispanic health to medical educators, medical school libraries, and others.

Methodology

NHMA will distribute the reports through the NHMA Newsletter announcement to refer readers to the NHMA website.

D. Evaluation :

The NYC Hispanic Curriculum Program Project was evaluated on the merits of the goals, objectives, outcomes and measures that were originally delineated in the proposals that were approved by the Office of Minority Health, the ability of the Project to answer the key questions that shaped the Project's intent, and the quality of the findings and recommendations uncovered by the Project investigations. The intention of the Project was to explore how academic medical centers in a city with one of the largest and most diverse Hispanic populations in the country were responding to this challenge, to the recently mandated and voluntary standards for cultural competence training, to community-based research, and whether community-based partnerships were a part of the equation. To what extent was Hispanic faculty being recruited to help develop

Hispanic cultural competence curricula? Were Hispanic cultural competence curricula unfolding? What strategies were emerging and who were the leaders?

As intended, the Association interviewed medical faculty, medical residents, community physicians, and community leaders in service-area communities with large Hispanic populations in the City of New York. The study appraised the kinds of community-based information relevant for training medical residents and developing curricula, as well as the potential opportunities to collaborate with community-based organizations to develop cultural competence curricula for graduate medical education. Special attention was given to identifying community-based approaches in graduate medical education for training medical residents about the City's Hispanic population.

The basic methodology included engaging a broad spectrum of stakeholders in a dialogue about what it means to train medical residents on the Hispanic culture in New York City, and to what degree this process was already taking place in NYC teaching hospitals. Several modifications took place along the way. The expectation that the directors of residency programs would constitute an important aspect of the assessment did not occur. But meetings with the senior leaders of Greater NY Hospital Association, the NYC Health & Hospitals Corporation, and especially, the New York State Council on Graduate Medical Education were especially fruitful and providing the Project with a strong overview on the state of GME cultural competence training in NYC, and the State of New York; and a keen insight into the strategies, challenges and dynamics of the change process currently taking place in health care today.

The major results and outcomes of the Project were summarized in a two volume analysis of the Project found in appendices 1 and 2 of this report. Volume I is a 66 page analysis of the Project work, findings, and recommendations. Volume II is a compendium of individual reports pertaining to the various panel of experts, work group meetings, and interviews conducted with health care, government, and community leaders throughout the life of the Project. A summary of the major results and outcomes of the Project and their relationship to the Project's goals and objectives are discussed further in section E: Results and Outcomes, and section G: Recommendations/Lessons Learned.

E. Results and Outcomes

Through this project, NHMA appraised cultural competence training in the graduate medical education programs of New York City focused on Hispanic patients. Specifically, NHMA was interested in understanding what was the status of this training development and plans for the future. We focused on what community-based information and interest in community-based research was integrated into the training of medical residents about Hispanic populations – Puerto Ricans, Mexicans or Dominicans. We also assessed potential opportunities for collaboration between Hispanic community-based organizations and residency training programs.

Project staff convened focus groups with community health leaders, medical school faculty, and medical residents related to major residency programs in New York City – Columbia, Albert Einstein, Cornell, NYU, Bellevue, and Montefiore academic hospitals. Then NHMA conducted the second stage of interviews with hospital leaders, health policy makers, and the senior leaders of the Greater New York Hospital Association and of the NYC Health and Hospitals Corporation (HHC) and the New York State Council of Graduate of Graduate Medical Education.

As a result of these meetings, we became aware of the importance of the champions needed to develop new curricula. The cultural competence training with multicultural focus had been developed by a duo of faculty who had left the Cornell hospital; and curricula focused on Hispanics had been developed at the NYU medical school as a result of development of the Annual Latino Health Conference and the Urban Health Institute in 2000 and at Albert Einstein as a result of the establishment of the first Hispanic Center of Excellence in NYC in 2003.

NHMA also recognized the importance of the lack of strategic planning in the arena of curriculum development in GME. The Project encountered mixed indicators of progress and unique initiatives, coupled with lingering doubts concerning the costs and benefits of financing cultural competence training and language services programs. Thirteen community organizations from the counties of the Bronx, Brooklyn and Manhattan participated in the Project along with primary care medical faculty from 5 academic health centers. Examples of models and requisite circumstances for collaboration between community based organizations and medical residency programs were shared by project participants, including educational tools and programs developed jointly by medical faculty and community-based organizations for population based cultural competence training in graduate medical education.

Community-based research appeared to be at a nascent stage on the one hand; while on the other, the pediatrics and psychiatry departments at New York University Medical Center and the Bellevue Hospital Center provided examples of residency program models that focused on community-based Hispanic health research.

The medical faculty and medical residents interviewed for the Project generally believed that the infrastructure for community-based research and cultural competence training at their academic health centers was inadequate. The circumstances for partnerships between medical residency programs and community groups were explored, including: developing speakers bureaus, conducting population based health care assessments, designing grand rounds, preparing fact sheets, utilizing the community health center environment for training residents, and others.

A history of poor relations between community organizations, community-based providers and the academic health centers surfaced as a potential barrier to be overcome. The presentations by the 5 Hispanic Health Centers of Excellence from across the nation at the 2004 Annual NHMA Conference provided proof that the 2000 cultural competence training standards approved by the Liaison Committee on Medical Education have led to the steady emergence of medical school cultural competence curricula. The emphasis continues to be on the development of basic curriculum on cross cultural awareness and language communications and less on the dynamics of the Hispanic culture.

The Project identified a legislative mechanism to develop cultural competence curricula. A major initiative by the New York State legislature was identified that was aimed at the NYS Department of Health, as a part of medical reform laws of the early 1990s, to reimburse over 70 New York State teaching hospitals for developing cross-cultural curricula and train their medical residents. These findings were tempered by reports from medical faculty and medical residents in the NHMA network that Hispanic medical faculty are not being recruited to champion or develop Hispanic curricula in their institutions, and the belief from the medical residents that the deans of the medical schools are insufficiently engaged in this project.

The emergence of Hispanic training curricula for medical residents appears to continue to lag nationally in 2004, probably due to the fact that the Association of American Medical Colleges and the Council on Graduate Medical Education were still moving towards developing cultural competence training regulations at the residency level. (These standards had only been adopted by the LCME for the Medical School level of training by the time of the project.)

A 2004 panel of experts of senior leaders from the major accrediting bodies in health care, medical education and physician licensing, revealed a changing landscape driven by an evidence-base linking patient safety and satisfaction with patient-centered care and cultural competence. Numerous research surveys aimed at confirming the link between improvement in quality outcomes, and CLAS standards of the Office of Minority Health were identified. The state of the art for evaluation protocols for measuring the performance of these programs was discussed during this meeting.

In terms of the searching for information on Hispanic healthcare in the literature, it was an area of growth, although a literature not yet used by mainstream training in GME in NYC. We have to conclude that it will be years before community-based training is appreciated as a mechanism to teach about Hispanic health.

Another major result was the awareness of the integration of the OMH CLAS Standards into the knowledge base of faculty involved in the project in NYC.

Finally, the development of case studies is a result that demonstrates that NHMA could identify faculty who are Hispanic who could develop curricula tools for a future Hispanic cultural competence curricula.

F. Dissemination and Utilization of Results

NHMA proposes to disseminate the results of this project by 1) announcing the results through the mail and email in the NHMA Newsletter in April 2006; 2) posting the final products (the case studies, the final report, the evaluation report, the conferences lectures) on the NHMA website and will encourage the public interested in advancing cultural competence to use the information in medical education programs.

G. Recommendations/Lessons Learned

NHMA Conclusions from the 9/9/04 Panel of Experts

The panel findings militate in favor of reconvening a second panel to follow-up on the following activities:

1. To review of the research findings from the studies reported by the panelists during the deliberations.
2. Explore a project with the AAMC to utilize the Curriculum Management Information Database (CurrMIT) to track and identify potentially successful activities in Hispanic cultural competence curricula development and evaluation.
3. To pursue the panel recommendation to facilitate a multi-agency collaborative to support the elimination of health disparities through information sharing, and improving communication with the physician, academic, community, and regulatory (licensing and accrediting) sectors of the health care system

4. To generate knowledge on significant issues, including national trends with the CLAS standards, research on the Limited English Proficient patient, literacy and adverse medical events, best and promising practices, the evolution of CLAS and cultural competency training evaluation tools, and progress with data collection and analysis.

NHMA Recommendations to OMH on the Development of Hispanic Cultural Competence Training for residency programs

1. Review whether GME Hispanic Cultural Competence Curricula addresses the following areas:
 - Population differences in metabolic capacity
 - The self-medicating practices of Hispanics
 - Drug interactions and toxicity
 - Dietary habits
 - The role of folklore concepts in illness
 - How many cultural practices are not captured by current assessment tools
 - Puerto Rican or Mexican or Dominican studies on health
 - Community-based training in Hispanic neighborhoods
 - Faculty teaching tools on Hispanic patients
2. Codify a ‘critical mass’ of the NHMA literature searches to continue building and ordering a knowledge database for future curriculum design work for Hispanic cultural competence.
3. Explore state databases, such as those in California, New York, Texas, and the Commonwealth of Puerto Rico, and the 10 Regions of the USDHHS for extant research on Hispanic Health by sub-cultural groups.
4. Organize a follow-up panel of experts to explore strategies for developing an assessment tool to evaluate the quality outcomes of cultural competence training and CLAS programs.
5. Support the efforts of NHMA to develop a national Hispanic Cultural Competence Continuing Medical Education program at its annual conference, a website-driven CME program, a lecture series, and the NHMA Cultural Competence Clearinghouse.
6. Support a design project that explores a future vision of diversity insufficient address medicine that includes developing a collaborative healthcare/medical model of community-based organizations, academic health centers, and residency training programs to eliminate racial and ethnic disparities. The vision would explore the mutual commitment of managers, providers, and community leaders to design a new teaching environment managed by doctors and community organizations; and the role of community health centers as a major venue for cultural competence training and Hispanic health services research, including: the epidemiology of disease, socio-economic trends, and the physical environment, and the integration of the principles of Community Oriented Primary Care (COPC), and the Epidemiological Model.
7. Support a research project that explores Hispanic cultural competence curricula of the future that requires medical residents to do more community-based research through negotiated

linkages with community-based organizations. This research would include the following research themes: the relationship between language and health, generational and gender issues, the doctor-patient relationship, the relationship between health status trends and the environment, asthma, nicotine addiction, substance abuse, obesity, diabetes and hypertension. Residency programs would reach out beyond the health care delivery system, beyond the primary care clinics, and rotate medical residents through community based and social services programs. An equally important objective would include developing strategies for persuading academic leaders to the opportunities inherent in community partnerships for leveraging community resources to enhance the medical residency training experience and improve the quality of the physician of the future.

8. Support a project to continue developing the business case for advancing cultural competence training, identifying outcomes research, and promoting the evaluation of CLAS and cultural competence training programs.
9. Develop a faculty database of experts in cultural competence evaluation tools.
10. Organize a meeting with GNYHA to follow-up on the emerging strategies of its institutional members for promoting cultural competence at Lutheran Medical Center, Beth Israel Medical Center, the “Institute for Health Disparities”, “the North East Consortium for Cross Cultural Education”, North Shore/Long Island Jewish Medical Center, Continuum/Lutheran Medical Center, and the Presbyterian Ambulatory Clinics.
11. Follow-up on the project of Beth Israel to identify best practices in cultural competence evaluation.
12. Follow-up on the GNYHA hospital survey that that explored questions about cultural competence training in residency programs.
13. Organize a follow-up meeting with the NYS Council on Graduate Medical Education regarding the most recent outcomes of the GME Reform Incentive Pool’s incentives to encourage teaching hospitals to implement cultural competence training programs for medical residents and recruit minority physicians i.e. number of residents trained, and lessons learned regarding the quality of the training plans, goals, topics, formats, hours per format, the training schedule, monitoring systems, faculty lists, the faculty recruitment process, and the use of non-physician staff, and the development of an evaluation process.
14. Organize a follow-up lecture from the Hispanic Centers of Excellence in the country to discuss cultural competence curriculum development in medical education (none had been done during the project period, but several had planned to integrate it within their programs in the next year or so.)
15. Organize a follow-up meeting with the Panel of Experts on CLAS Evaluation Tools to review progress on the following issues:

AAMC, COGME, RC progress linking TACCT tracking to its ‘Curriculum Management Information Database (CurrMIT) database.

The AAMC did report that they operate an electronic searchable curriculum database, ‘the Curriculum Management Information Database (CurrMIT), which all U.S. medical schools utilize to enter core data on their curricula. The database has a curriculum directory that generally describes the curriculum of each medical school, and can be used as a tool to assess what medical schools are doing around the country to teach cultural competence.

The evaluation of CLAS outcomes

Review the research evidence that CLAS programs improve health care quality and health outcomes, narrow disparities, and are cost effective.

Develop strategies to address resistance to CLAS programs with the health care sector.

Review the findings of the following studies:

The JCAHO “Hospitals, Language, and Culture Project”—a sample survey of 60 hospitals across the nation that evaluated how hospitals are addressing the linguistic and cultural needs of patients, developing baseline data, and identifying promising CLAS best practices

The JCAHO project “Understanding Adverse Medical Events for Minority Patients with Limited English Proficiency

The USDHHS Office of Minority Health “Agenda for Research and Cultural Competence and Healthcare Project”, to review extant research on the impact of cultural competency programs on the quality and outcomes in health care for racial & ethnic minorities, including the evaluation of CLAS programs and the impact of interpreters in clinic settings on the improvement of patient-provider communications, and the impact of CLAS best practices on patient compliance and health outcomes.

Explore cooperation amongst the accrediting and licensing bodies to advance CLAS standards, i.e. the National Board of Medical Examiners, the Association of American Medical Colleges, the Joint Commission of Health Care Organizations, the National Council on Quality Assurance, the National Quality Forum (Findings 31-35 of the full report) Note: the 9/9/04 panel recommended undertaking an effort to explore how to link JCAHO/NCQA/NQF CLAS-related performance standards to the U.S. Medical Licensing Examination, and inform/influence the development of medical education curriculum requirements. The consensus amongst the panelists was that the National Board of Medical Examiners, the sponsors of the U.S.LME, can have a powerful impact as the final arbiters of the medical education curriculum.

Explore how the JCAHO process for standards review and improvement can also serve as a tool for testing cultural competence principles and practices.

Explore how the Liaison Committee on Medical Education can serve as a change agent for advancing cultural competence medical education at all levels, based on its role as a centralized control center of the Nation's medical education curriculum.

Review the NCQA 5 year study linking Medicare and Medicare Managed Care data at the individual level with CMS race and ethnicity data culled from enrollment data. The goal of the study is to determine if health plans can report data by race and ethnicity. The early results have suggested the presence of racial and ethnic disparities in performance on some measures.

Explore a project with the AAMC to utilize the Curriculum Management Information Database (CurrMIT) to track and identify potentially successful activities in Hispanic cultural competence curricula development and evaluation.

Pursue the panel recommendation to facilitate a multi-agency collaborative to support the elimination of health disparities through information sharing, and improving communication with the physician, academic, community, and regulatory (licensing and accrediting) sectors of the health care system

Generate knowledge on significant issues, including national trends with the CLAS standards, research on the Limited English Proficient patient, literacy and adverse medical events, best and promising practices, the evolution of CLAS and cultural competency training evaluation tools, and progress with data collection and analysis.

16. Lastly, NHMA should continue to develop Hispanic patient-centered curriculum for medical education, including medical school, resident, and CME. Note that California and New Jersey, in the past year, have passed legislation requiring physicians to be trained in cultural competence and with the little focus on Hispanics, this area should become a priority for NHMA in the future. NHMA will explore this with the OMH. Case studies should be expanded as well since physician experience can be very valuable to faculty teaching lessons to complement medical cases seen in Hispanic populations.

IV. Appendices

Table of Activities

Analysis: A Study of the Development of Hispanic Cultural Competence Medical Education Curricula in NYC Residency Programs (2002-2004) Volume I

Appendices Volume II

Case Studies

Case Studies

Legal Language Services Transcription Tape: NHMA Plenary Session 8 “Cultural Competence Curriculum—Evaluation Tools” 03/21/04

Reference Manager Literature Search “Hispanic Health” 2005 Search

Report on Cultural Competence Evaluation Panel of Experts “Current State of Evaluating Linguistic and Cultural Competence Programs, Findings & Recommendations, 09/09/04

NHMA Ninth Annual Conference “Medical Practice for the 21st Century: Enhancing Quality Care & Health Literacy”; Transcripts: “Cultural Competence: Current Trends & Evaluation—Luis Aguilar, MD, Guadalupe Pacheco, MSW; Hector Oyarzabal, MD, MBDA; “Medical Education: Cultural Competence & Innovative Medical Curriculum Strategies—Robert Graham MD, Clinical Research Fellow, Complementary and Integrative Medical Therapies, Harvard Medical School

Reference Manager Literature Search “Hispanic Health” 2005 search

NHMA Hispanic Cultural Competence GME Curriculum NYC Graduate Medical Education Curriculum Work Group Meeting, February 25, 2005 @ Urban Health Plan