Addressing Health Disparities through Cultural and Linguistic Competency (CALC) Trainings

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Background of the Study

This study focuses on the connection between health disparities and CALC and how one state initiative decided to address society's long-lasting disparities through building cultural awareness and training direct service providers.

To address this training need, the Vermont Child Mental Health Initiative (VCMHI) developed a 3.5 hour training focusing on CALC and related topics with the objective of improving service providers' knowledge and attitudes in serving diverse groups.

The training furthermore incorporated clips from the video series *Unnatural Causes: Is Inequality Making Us Sick?* and *Race: the Power of an Illusion*.

Training's Learning Objectives

The training's five learning objectives included:

1) Increase self-awareness of racial, ethnic and class biases,

2) Define cultural and linguistic competency and become familiar with the stages of cultural competency,

3) Explain how cultural beliefs shape clinical encounters,

4) Understand the impact culturally competent services can have in the clinical outcomes of diverse consumers, and

5) Discuss the implications of demographic trends for health disparities.

Purpose of the Study

The purpose of the current study is to assess whether the CALC training which included information on the causes and nature of health disparities resulted in increases in CALC-related knowledge, culturally sensitive attitudes, and comfort in using CALC strategies.

Methods

The VCMHI conducted 21 trainings from October 2010 to October 2012 with community mental health organizations, health care organizations, schools, higher education programs, and state leaders. Pre and post surveys were developed to evaluate the effectiveness of these CALC trainings and administered immediately before and after each training session. The instruments were organized into seven sections: Participants Demographics (8 items), Diversity Experience (1 item), Provider Cultural Competence (4 items), Organizational Cultural Competence (3 items), Racial Disparity Knowledge (4 items), Health Disparity Knowledge (5 items), and Comfort Level (6 items) with CALC related topics. In addition, post surveys included a Training Satisfaction section (11 items).

349 pre and 339 post surveys were obtained from training participants. Participants who had both pre and post-test data were included in the analyses resulting in a sample size of 317.

Participants

Characteristics		M
	Age (in years)	40.3
	Years of Job Experience	6.4
Characteristics		***%***
Gender		
	Male	17.1%
	Female	80.6%
Race/Ethnicity*		
	White non-Hispanic	92.0%
	American Indian	2.0%
	Hispanic/Latino	1.4%
	Asian	1.4%
	Black/African American	1.1%
	N/A	2.1%
Work Setting		
	Mental Health	43%
	Education (K-12)	16.5%
	Higher Education	11.1%
	Substance Abuse	3.7%
	Child Welfare	3.4%
	Primary Health Care	3.1%
	Juvenile Justice/Probation	2.6%
	Emergency Response	1.1%
	Other Community Settings**	25.9%

*According to the 2011 U.S. Census Bureau, 95.5% of the state's population is white, 1.1% is Black/African-American, 1.4% is Asian, 1.6% is of Hispanic/Latino, and 0.4% is American Indian or Alaska Native origin

**Other Community Settings included: Youth Serving Bureaus and Teen Centers, Area Health Education Centers, and Program and System State Administration.

Results

	Pre	SD	Post	SD	Significant
Provider Cultural Competence	2.1	1.12	2.9	0.97	p<.001
Organizational Cultural Competence	2.47	0.76	2.8	0.49	p<.001
Racial Disparity Knowledge	0.78	0.81	3.53	0.74	p<.001
Health Disparity Knowledge	1.57	1.3	4.74	0.77	p<.001
Comfort Level	1.21	0.76	1.87	0.66	p<.001

Training Satisfaction

The Training Satisfaction scores referred to two sets of questions: one on participants' growth related to cultural competency, meeting their training needs, the practicality of the training, using what they have learnt from the training, and being more ready to help diverse consumer in their community. The other set of questions focused on training logistics; including trainer's knowledge, presentation style, location of training, and overall experience. Overall, participants were satisfied with the training.

Discussion

The CALC training utilized content regarding the historical context of racism in the United States and its long-term impact on health disparities. This marks a unique addition in the development of CALC training. Previous studies indicate that CALC training typically addresses the definition and practical implementation of cultural competency. When considering health disparities, this focus is insufficient as such disparities are the result of a long history of racial oppression and/or inequities.

Results of the current study demonstrated that between pre- and post-CALC training, participants experienced significant increases in their CALC knowledge, culturally sensitive attitudes, and comfort in using CALC-related strategies. Training participants' overall knowledge from pre to post training test scores in all seven categories increased significantly.

This study demonstrates that CALC trainings focused on racism and racial discrimination as an underlying factor of today's enormous long-lasting health disparities are effective in changing providers' knowledge and increase their cultural and linguistic competency skills.

Limitations

This study did not measure participants' practice or organizational changes over time nor did it measure consumers' health or mental health outcomes. These are critical areas of future research evaluating the efficacy of CALC trainings and elimination of health disparities.

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