Practice Problem

- U.S. Census Bureau (2015), the “minority” will become the majority by 2043
  - By 2060, one in three Americans will be Hispanic
  - The percentage of Black Americans will increase to 14.7 percent
- Ohio has the second largest Somali population in the USA with about 50,000 of Somali immigrants in Columbus metropolitan area (Ohio Homeland Security, 2013)

Clinical Question

PICOT question: “Does providing cultural competency training for a mental health and addiction treatment hospital staff lead to heightened awareness of ways in which the mental health and addiction treatment hospital program can become more culturally competent?”

Project Description

Two evaluation tools were used:
- The Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Revised (IAPCC-R) developed by Dr. Campinha-Bacote
- The Cultural Competency Assessment Scale Level 2.1 (CCAS)

Conclusions

Cultural competency training for mental health and addiction treatment hospital staff lead to heightened awareness of the hospital staff and program becoming more culturally competent

Project Evaluation

Comparison of the IAPCC-R pre- and post-training survey.
Pre-training included three participants in the range of cultural competent and six in the range of cultural awareness.
Post-training included five participants in the range of cultural competent and four in the range of cultural awareness. There were two that moved up.

Comparison of the CCAS immediately after the training and the ones completed four weeks after the training.
The scores from the CCAS tool four weeks post-training increased compared to the scores from CCAS tool completed immediately after the training.

IAPCC-R Descriptive Data

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<th>Score Range</th>
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<td>Culturally Incompetent 25-50</td>
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Nursing and Healthcare Implications

Cultural awareness training for medical staff reduce stereotyping, stigmatization and improves patient-provider interactions (Lie, et al., 2011)

References

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### Approvals

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