(REVIEW ARTICLE)

Developing culturally competent models for inclusive social work and healthcare interventions

Adeseun Kafayat Balogun [1, *], Julie Alaere Atta [2], Oreoluwa Mary Oyetubo [3], Victor Akachukwu Ibiam [4], Kehinde Abiola Bakare-Adesokan [5] and Taiwo Ololade Ojo [5]

[1] Department of Human Development and Family Science, University of Central Missouri, Missouri, USA.
[2] Department of Management Policy and Community Health, The University of Texas Health Science Center at Houston, Texas, USA.
[3] Department of Statistics, Oklahoma State University, Oklahoma, USA.
[4] Department of Health Sciences and Social Work, Western Illinois University, Illinois, USA.
[5] Department of Sociology, Lagos State University, Lagos, Nigeria.

Abstract

Cultural competence has become a cornerstone of effective social work and healthcare practices in increasingly diverse societies. This review explores the development of culturally competent models to enhance inclusive interventions in these fields. Drawing on interdisciplinary frameworks and empirical studies, the paper examines key concepts, such as cultural awareness, humility, and intersectionality, while analyzing their practical applications in various settings. Current models, including the Purnell Model for Cultural Competence and the Cultural Competence Continuum, are critically evaluated to highlight their strengths and limitations. Challenges such as implicit bias, resource inequities, and the absence of standardized assessment tools are identified as significant barriers to implementation. The review also discusses innovative strategies, including technology-assisted training and community-driven approaches, as potential solutions to address these gaps.

Keywords: Cultural competence; Social work; Inclusive healthcare; Intersectionality; Cultural awareness

1. Introduction

Cultural competence has emerged as a critical element in delivering effective social work and healthcare services in increasingly multicultural societies. Professionals in these fields are often at the forefront of addressing the needs of individuals from diverse cultural, ethnic, and linguistic backgrounds. Ensuring cultural competence enhances communication, trust, and the overall quality of care, particularly in addressing health disparities and promoting social equity [1]. Foundational organizations, such as the World Health Organization (WHO) and the National Association of Social Workers (NASW), have recognized the role of cultural competence in reducing systemic inequities and improving outcomes for underserved populations [2, 3]. Despite its acknowledged importance, achieving cultural competence remains an evolving challenge that requires a deep understanding of diverse cultural perspectives, structural barriers, and individual biases.

Numerous models have been proposed to guide the development of cultural competence in social work and healthcare. The Purnell Model for Cultural Competence [4] offers a holistic approach, emphasizing the integration of cultural knowledge, attitudes, and practices into professional interactions. Similarly, Cross et al.'s Cultural Competence Continuum [5] highlights a developmental progression from cultural destructiveness to cultural proficiency,

---

* Corresponding author: Adeseun Kafayat Balogun

emphasizing continuous growth and learning. Betancourt et al. [6] identified key strategies for achieving cultural competence in healthcare, including the recruitment of diverse staff, language assistance programs, and culturally tailored health education.

However, critiques of these models point to their limited focus on systemic inequities and intersectional identities. Scholars such as Tervalon and Murray-García [7] introduced the concept of cultural humility, which advocates for a lifelong commitment to self-evaluation and mutual respect in cross-cultural interactions. More recently, developments in intersectionality theory [8] have underscored the need to address overlapping forms of discrimination and privilege that influence both social work and healthcare outcomes.

While existing frameworks provide valuable guidance, significant gaps persist in their applicability, effectiveness, and sustainability across diverse contexts. Many models remain theoretical, lacking robust empirical validation or practical tools for implementation. Additionally, there is an absence of standardized methods for assessing the impact of culturally competent interventions, making it difficult to identify and replicate best practices. Implicit bias, limited resources, and inconsistent training further hinder progress in fostering culturally inclusive environments. The purpose of this review is to critically analyze existing models of cultural competence within social work and healthcare. By synthesizing theoretical foundations and empirical evidence, this paper identifies strengths, limitations, and research gaps. Furthermore, it explores innovative practices and proposes actionable recommendations to develop more inclusive and adaptable frameworks. Ultimately, this review aims to contribute to the advancement of culturally competent interventions that can address the diverse and dynamic needs of global populations.

2. Defining Cultural Competence

2.1. Conceptual Overview

Cultural competence is defined as the ability of individuals and organizations to effectively interact with people from diverse cultural backgrounds, recognizing and respecting their unique values, beliefs, and practices. The World Health Organization (WHO) emphasizes cultural competence as a strategy for reducing health disparities and promoting equity by tailoring healthcare delivery to meet the cultural and linguistic needs of diverse populations [9, 10]. Similarly, the National Association of Social Workers (NASW) describes cultural competence as a dynamic, ongoing process of self-reflection, learning, and adaptation, aimed at addressing cultural differences with sensitivity and respect [11, 12].

Several frameworks have been developed to operationalize cultural competence. Cross et al. [5] introduced the Cultural Competence Continuum, which outlines a spectrum ranging from cultural destructiveness to cultural proficiency, encouraging practitioners to pursue continuous growth. The Purnell Model for Cultural Competence [4] provides a detailed framework that integrates cultural knowledge, awareness, and skills into professional practice, emphasizing the interconnectedness of these elements in achieving culturally competent care.

2.2. Key Components

Cultural competence encompasses several interrelated components that together ensure effective and respectful interactions with individuals from diverse cultural backgrounds. These components serve as the foundation for building meaningful relationships and providing equitable care or services.

2.2.1. Awareness

Awareness is the cornerstone of cultural competence, involving the recognition and reflection on one's own cultural biases, assumptions, and privileges, and understanding how these factors may unconsciously influence interactions and decisions with individuals from diverse cultural backgrounds [13, 14]. Key aspects of awareness include identifying implicit biases acknowledging the unconscious stereotypes or judgments that can affect behavior and decision-making and avoiding ethnocentrism, which involves moving away from the belief that one's own culture is superior to others [15, 16]. Additionally, fostering empathy is essential, as it enables practitioners to develop a genuine understanding of and respect for the cultural experiences and challenges faced by others. For example, a healthcare provider recognizing that their assumptions about a patient's dietary choices may stem from cultural bias demonstrates awareness, which can lead to more culturally sensitive and equitable care.

2.2.2. Knowledge

Knowledge is a critical component of cultural competence, involving the acquisition of accurate and detailed information about diverse cultural traditions, norms, and health practices [17, 18]. By deepening their understanding

of cultural differences, practitioners can avoid oversimplified stereotypes and instead appreciate the complexities and nuances that exist within and across cultural groups. This informed perspective enables professionals to tailor their approaches to meet the unique needs of individuals and communities, fostering trust and effectiveness in their interactions.

2.2.3. Skills

Skills are a vital component of cultural competence, encompassing the ability to effectively communicate and intervene in ways that bridge cultural differences. Key skills include active listening, which involves genuinely hearing and understanding the perspectives and concerns of individuals from diverse backgrounds, and the use of culturally appropriate language to ensure clarity and respect [19, 20]. Additionally, the ability to adapt interventions to align with clients' cultural values and preferences is essential for fostering trust and achieving meaningful outcomes. These skills enable professionals to build stronger connections and provide equitable, culturally responsive care and services.

2.2.4. Advocacy

Advocacy is a crucial component of cultural competence, extending beyond individual interactions to encompass efforts aimed at systemic change. It involves actively challenging discriminatory practices and addressing structural inequities that perpetuate disparities in social work and healthcare [21, 22]. Advocacy also includes fostering inclusive policies at both organizational and societal levels, ensuring that cultural diversity is respected and valued.

2.3. Cultural Humility

While cultural competence focuses on acquiring specific knowledge and skills, cultural humility has emerged as a complementary concept that emphasizes the importance of a lifelong commitment to self-reflection and learning. Coined by Tervalon and Murray-García [7], cultural humility shifts the focus from mastering cultural knowledge to fostering respectful, mutually beneficial relationships with individuals from diverse backgrounds.

Key principles of cultural humility include:

2.3.1. Self-Reflection and Self-Critique

Self-reflection and self-critique are essential practices within the framework of cultural competence, requiring practitioners to continuously evaluate their biases, assumptions, and beliefs [23]. This process involves an honest examination of how personal values and cultural perspectives may influence interactions and decision-making. By engaging in self-reflection, practitioners become more aware of potential blind spots and avoid imposing their own cultural norms on others. This ongoing practice fosters humility, empathy, and an openness to learning, which are critical for building respectful and equitable relationships with individuals from diverse cultural backgrounds.

2.3.2. Recognizing Power Imbalances

Recognizing power imbalances is a critical aspect of cultural competence, requiring practitioners to identify and address the unequal dynamics that often exist in professional relationships [24]. These imbalances can stem from systemic inequities, institutional authority, or social privileges held by practitioners. By acknowledging these dynamics, professionals can actively work to empower clients and communities, ensuring that their voices are heard, and their agency is respected. This involves fostering collaborative decision-making, advocating for equitable access to resources, and challenging structures that perpetuate inequality. Addressing power imbalances creates a more inclusive and respectful environment that prioritizes the needs and dignity of marginalized individuals and groups.

2.3.3. Institutional Accountability

Institutional accountability is a vital component of fostering cultural humility, requiring organizations to take proactive steps to embed inclusive practices and policies into their structures. This involves implementing comprehensive cultural competency training programs for staff, ensuring that all team members are equipped to engage respectfully and effectively with diverse populations [25]. Institutions should also allocate resources to support initiatives that promote diversity, equity, and inclusion, such as recruiting a diverse workforce, providing language services, and developing culturally relevant materials. Additionally, organizations must establish mechanisms to evaluate their progress, such as regular cultural audits and feedback systems, to ensure sustained commitment and continuous improvement. By prioritizing institutional accountability, organizations can create environments that uphold cultural humility as a core value and drive systemic change.

3. Theoretical and Practical Foundations

Cultural competence is grounded in several foundational theories and frameworks that guide practitioners in effectively navigating cultural diversity. These models provide both theoretical insights and practical applications to enhance the inclusivity of social work and healthcare interventions.

3.1. The Purnell Model for Cultural Competence

The Purnell Model for Cultural Competence, developed by Larry Purnell in 2002, is a comprehensive framework designed to help practitioners understand and address cultural diversity [4]. The model identifies 12 interrelated domains, including communication, family roles, workforce issues, and health practices, that collectively influence an individual's cultural identity and behavior [26]. By offering a structured approach to assessing cultural factors, the Purnell Model provides a holistic view that is applicable across various disciplines and settings. It emphasizes continuous learning and adaptation, recognizing that cultural competence is an ongoing process.

3.2. The Cultural Competence Continuum

The Cultural Competence Continuum is a developmental model that describes the progression of cultural understanding and practice at both individual and organizational levels. It identifies six stages:

- **Cultural Destructiveness**: Practices that are actively harmful to other cultures.
- **Cultural Incapacity**: A lack of ability to respond effectively to cultural differences.
- **Cultural Blindness**: Ignoring cultural differences and treating everyone the same, often to the detriment of marginalized groups.
- **Cultural Pre-Competence**: Awareness of cultural differences and initial attempts to address them.
- **Cultural Competence**: The integration of cultural knowledge, skills, and attitudes into practice.
- **Cultural Proficiency**: Advocacy for cultural diversity and continuous learning to enhance cultural effectiveness.

3.3. Intersectionality

Intersectionality, introduced by Kimberlé Crenshaw in 1989 [8], provides a critical framework for understanding how overlapping social identities such as race, gender, class, and sexuality shape individuals' experiences and access to resources. In the context of cultural competence, intersectionality emphasizes the need to address the compounded effects of

3.3.1. Systemic inequities on marginalized groups.

For example, a healthcare intervention designed for women may overlook the unique challenges faced by women of color or those with disabilities unless an intersectional perspective is applied. By integrating intersectionality into practice, professionals can design interventions that are more inclusive, equitable, and responsive to the diverse realities of individuals and communities.

These theoretical models and frameworks collectively highlight the importance of continuous growth, self-reflection, and systemic change in achieving cultural competence. They also provide actionable strategies for fostering inclusivity and equity in social work and healthcare practices.

4. Current Applications in Social Work and Healthcare

4.1. Social Work Interventions

Culturally tailored interventions in social work are essential for addressing the diverse and dynamic needs of individuals and communities. These interventions leverage cultural knowledge, sensitivity, and practices to provide effective and inclusive services while fostering trust and collaboration [27]. By aligning approaches with the unique cultural values, traditions, and experiences of the populations they serve, social workers can better address systemic inequities and improve outcomes across various domains.

4.2. Applications in Key Areas

4.2.1. Mental Health

In mental health services, culturally tailored interventions help reduce stigma and improve access to care for marginalized populations. For instance, incorporating cultural norms and healing traditions into therapy, such as using storytelling or spiritual practices, can make interventions more relatable and impactful. Culturally informed tools, such as the DSM-5 Cultural Formulation Interview, provide frameworks for understanding how cultural contexts influence mental health experiences.

4.2.2. Child Welfare

In child welfare, culturally responsive practices include recruiting foster parents who share similar cultural backgrounds with the children in their care or training all caregivers to be culturally competent. This approach helps preserve cultural identity and promotes a sense of belonging, reducing the risk of trauma for children from diverse backgrounds.

4.2.3. Community Services

Social workers often engage with immigrant and refugee communities to address barriers such as language differences and systemic discrimination. Community health navigators or cultural brokers serve as liaisons between social workers and the community, facilitating communication and ensuring services are culturally appropriate.

4.2.4. Restorative Justice and Advocacy

Culturally tailored interventions in restorative justice focus on incorporating traditional conflict resolution methods, such as community-based mediation or Indigenous practices, to address harm and promote healing. Advocacy efforts also play a critical role, as social workers challenge systemic inequities by addressing policies that disproportionately affect marginalized communities.

4.3. Healthcare Interventions

Cultural competence in healthcare is vital for delivering effective, patient-centered care that meets the needs of diverse populations. Several models and practices have been implemented to enhance inclusivity and improve outcomes [28, 29].

4.3.1. Patient-Centered Care

Patient-centered care emphasizes the importance of understanding and respecting patients' cultural preferences, beliefs, and values. For example, involving family members in decision-making aligns with the preferences of many cultures that prioritize collectivism. Additionally, using certified medical interpreters ensures accurate communication for patients with limited English proficiency, reducing medical errors and improving satisfaction.

4.3.2. Cultural Adaptation in Therapies

Culturally adapted interventions tailor evidence-based practices to align with the cultural norms and values of specific populations. For example:

- **Cognitive Behavioral Therapy (CBT)**: Modifications have been made to incorporate spiritual or community-focused elements for African American and Latino populations.
- **Trauma-Informed Care**: Programs addressing historical trauma in Indigenous communities integrate traditional healing practices, ceremonies, and storytelling to foster emotional recovery.

4.3.3. Health Promotion Programs

Health promotion initiatives, such as diabetes prevention or cancer screening campaigns, often incorporate culturally relevant messaging and materials. Programs targeting Latino populations, for example, might leverage promotoras (community health workers) who share cultural backgrounds with participants to deliver health education and build trust.

4.3.4. Technology-Enhanced Interventions

Telehealth and mobile health (mHealth) platforms are increasingly incorporating cultural elements to reach diverse populations. For instance, telehealth services with culturally competent providers and culturally adapted mobile apps addressing mental health have shown promise in reducing barriers to care for rural and underserved populations.

5. Challenges in Developing Culturally Competent Models

5.1. Barriers to Implementation

5.1.1. Implicit Bias

Implicit bias remains a significant challenge in the implementation of culturally competent models. These unconscious attitudes and stereotypes can influence decision-making and interactions in both social work and healthcare settings [30, 31]. For instance, research shows that healthcare providers may unintentionally spend less time with patients from minority groups or underestimate their pain, leading to disparities in treatment. Addressing implicit bias requires comprehensive training programs that foster self-awareness, reflection, and active mitigation strategies. However, these programs are often underfunded or inconsistently applied, limiting their effectiveness.

5.1.2. Resource Constraints

Limited resources, including funding, personnel, and time, pose substantial barriers to the development and implementation of culturally competent models. Many organizations lack the financial capacity to invest in cultural competency training, hire diverse staff, or provide language services. Resource shortages are particularly acute in underfunded healthcare systems and social work agencies serving marginalized communities, exacerbating inequities [32, 33].

5.1.3. Structural Inequities

Systemic barriers, such as discriminatory policies, unequal access to education, and socioeconomic disparities, undermine efforts to promote cultural competence. For example, the underrepresentation of minority groups in leadership roles perpetuates a lack of diverse perspectives in decision-making processes. Addressing these structural inequities requires broad organizational and policy-level reforms that prioritize diversity, equity, and inclusion at all levels [34, 35].

5.2. Evaluation Issues

5.2.1. Lack of Standardized Metrics

One of the most significant challenges in assessing cultural competence outcomes is the absence of universally accepted metrics. Current evaluation methods often rely on self-reported surveys or qualitative assessments, which are subject to bias and may not accurately capture the impact of interventions [36]. For instance, a training program might improve participants' perceived cultural competence without necessarily translating into measurable improvements in patient outcomes or client satisfaction.

5.2.2. Complexity of Measuring Cultural Competence

Cultural competence is a multidimensional construct that includes attitudes, knowledge, skills, and behaviors. Measuring these dimensions comprehensively and objectively is inherently complex. Moreover, the dynamic and context-dependent nature of cultural competence further complicates evaluation efforts, as what is effective in one cultural context may not be applicable in another [37, 38].

5.2.3. Limited Longitudinal Data

Many evaluations of culturally competent interventions focus on short-term outcomes, such as immediate changes in attitudes or knowledge. However, long-term impacts, including sustained behavior change and improvements in health or social outcomes, are rarely studied. This lack of longitudinal data hampers the ability to assess the true efficacy and sustainability of these models over time [39, 40].

5.3. Addressing the Challenges

Overcoming the challenges to achieving cultural competence requires a multifaceted approach that addresses systemic, organizational, and individual factors. Addressing implicit bias is critical, and this can be achieved through evidence-based training programs that incorporate simulations, feedback mechanisms, and strategies to mitigate bias in decision-making. To ensure equitable service delivery, it is essential to advocate for increased funding and resource allocation, particularly in underserved communities where disparities are most pronounced.

Structural change is another key element, involving the promotion of diversity in hiring and leadership positions and embedding equity principles into organizational policies and practices. Additionally, innovation in evaluation is necessary to measure the effectiveness of culturally competent practices. Developing standardized tools and frameworks that integrate both qualitative and quantitative measures such as patient-reported outcomes and organizational cultural audits can provide valuable insights into progress and areas for improvement. Finally, there is a pressing need for longitudinal research to track the sustained impacts of culturally competent interventions on reducing systemic inequities and improving individual outcomes over time. Together, these strategies create a comprehensive pathway for advancing cultural competence across all levels of practice.

6. Future Directions

6.1. Research Gaps

Despite advancements in cultural competence, several critical areas remain underexplored, hindering the development and implementation of effective models. One significant gap is the effectiveness of interventions, as there is a lack of rigorous, evidence-based studies evaluating their impact on measurable outcomes such as patient health, client satisfaction, and service accessibility. Current research often leans heavily on qualitative or anecdotal evidence, which limits the availability of data-driven insights necessary for advancing the field.

Another underexplored area is the practical application of intersectionality in practice. Although intersectionality is widely acknowledged as a critical framework, more research is needed to understand how intersecting factors such as race, gender, and socioeconomic status influence outcomes in social work and healthcare. This knowledge is essential for designing interventions that address these complexities comprehensively.

The scalability and sustainability of culturally competent programs also present challenges. Many initiatives are developed at local or organizational levels without sufficient evidence on how to adapt them for diverse contexts while maintaining their effectiveness. Research is needed to identify best practices for scaling these interventions to broader populations and environments.

Lastly, the lack of standardized metrics for assessing cultural competence poses a significant limitation. Validated tools that capture the multidimensional nature of cultural competence encompassing attitudes, knowledge, skills, and systemic changes are essential for evaluating progress and ensuring accountability at both individual and organizational levels.

6.2. Innovative Practices

Advancements in technology, community collaboration, and interdisciplinary approaches present promising opportunities to enhance cultural competence in social work and healthcare.

6.2.1. Technology in Cultural Competence Training

Emerging technologies offer innovative tools for equipping practitioners with cultural competency skills. Artificial Intelligence (AI)-powered platforms can provide personalized training by simulating real-world cultural scenarios and offering feedback to refine practitioners' skills. For example, virtual reality (VR) systems immerse users in diverse cultural settings, allowing them to navigate complex interactions in a controlled yet realistic environment. Similarly, mobile health (mHealth) and telehealth platforms are increasingly tailored to address cultural and linguistic needs, ensuring accessibility for diverse populations. These technologies can also integrate training modules for practitioners, embedding cultural knowledge directly into their daily workflows and improving the overall delivery of culturally competent care.

6.2.2. Community Partnerships

Collaborations with community organizations and leaders are essential for developing culturally relevant interventions that resonate with the populations they aim to serve. Community health workers, cultural brokers, and promotors have proven highly effective in bridging gaps between service providers and underserved communities. By leveraging the expertise and lived experiences of these local actors, programs can become more culturally grounded, fostering trust and improving outcomes. Expanding these partnerships ensures that interventions are informed by the cultural nuances of the communities involved, thereby enhancing their relevance and long-term impact.

6.2.3. Interdisciplinary Approaches

Incorporating insights from disciplines such as anthropology, sociology, and public health can deepen the understanding of cultural dynamics and enrich culturally competent models. For instance, anthropological methods, such as ethnographic research, can provide practitioners with contextual knowledge of cultural practices, beliefs, and values, enabling more effective interventions. Similarly, public health strategies can offer scalable frameworks for addressing systemic inequities, while sociological perspectives help uncover the structural factors influencing disparities. By integrating these interdisciplinary insights, practitioners can design more holistic and adaptive approaches to cultural competence.

6.3. Policy Implications

To advance cultural competence in social work and healthcare, organizations and policymakers must implement systemic strategies that ensure sustained change and equitable practices.

6.3.1. Embedding Cultural Competence in Institutional Policies

Organizations play a pivotal role in embedding cultural competence into their operations to create inclusive environments. Key strategies include fostering diversity in leadership by establishing leadership teams with varied cultural backgrounds and perspectives to enhance decision-making processes. Implementing mandatory training ensures that all staff engage in ongoing cultural competence education tailored to the specific needs of the organization. Furthermore, introducing accountability measures, such as cultural audits and performance metrics, provides a framework for tracking progress, identifying gaps, and driving continuous improvement in culturally responsive practices.

6.3.2. Legislative Support

Policymakers are instrumental in promoting cultural competence through legislative actions. This includes allocating funding to support training programs, community-based initiatives, and research efforts focused on cultural competence. Establishing national or regional standards provides a consistent framework for integrating cultural competence across social work and healthcare sectors. Additionally, policymakers must promote equity by enforcing anti-discrimination laws and addressing systemic inequities that hinder access to services for marginalized populations.

6.3.3. Integration into Accreditation Processes

Accreditation bodies can drive systemic change by incorporating cultural competence criteria into the standards for healthcare and social work institutions. This can include requiring evidence of initiatives such as staff training, diverse hiring practices, and culturally informed service delivery models. By making cultural competence a key component of accreditation, institutions are incentivized to prioritize inclusivity and equity in their practices.

7. Conclusion

Cultural competence is a vital framework for addressing the needs of diverse populations in social work and healthcare. This review highlighted key theoretical models, including the Purnell Model for Cultural Competence and the Cultural Competence Continuum, which provide valuable guidance for practitioners. However, significant challenges persist, such as implicit bias, resource limitations, and structural inequities, which hinder the effective implementation of these models. The integration of cultural humility and intersectionality has expanded the understanding of cultural competence, emphasizing the importance of self-reflection, lifelong learning, and the recognition of overlapping identities. Despite progress, gaps in research, scalability, and evaluation metrics remain obstacles to fully realizing culturally competent practices. Emerging innovations, such as AI-powered training and community partnerships, demonstrate the potential for transformative advancements in this field.

To meet the dynamic needs of increasingly diverse societies, continual learning and systemic change must be prioritized. Practitioners and organizations must commit to ongoing cultural competency training and embrace cultural humility as a foundational principle. Policymakers and leaders must enact policies that address structural inequities and allocate resources to promote diversity, equity, and inclusion. Additionally, research efforts should focus on developing standardized evaluation tools and evidence-based interventions that can be scaled across contexts. By fostering a culture of inclusivity and accountability, we can create a more equitable system that respects and empowers individuals from all cultural backgrounds.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

References

[1]   Curtis E, Jones R, Tipene-Leach D, Walker C, Loring B, Paine SJ, Reid P. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. International journal for equity in health. 2019 Dec;18:1-7.

[2]   Sue DW, Rasheed MN, Rasheed JM. Multicultural social work practice: A competency-based approach to diversity and social justice. John Wiley & Sons; 2015 Dec 18.

[3]   Salas LM, Altamirano BN, Chapa T, Williams JH. A behavioral health disparities curriculum infusion initiative: Eliminating behavioral health disparities for racial and ethnic minority populations: Workforce development to mobilize social work as a resource. US Department of Health and Human Services, Office of Minority Health and the National Association of Deans and Directors of Schools of Social Work. 2012 Jun.

[4]   Purnell L. The Purnell model for cultural competence. Journal of transcultural nursing. 2002 Jul;13(3):193-6.

[5]   Cross T, Bazron B, Dennis K, Isaacs M. Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed. Washington, DC: CASSP Technical Assistance Center; 1989

[6]   Betancourt JR, Green AR, Carrillo JE, Owusu Ananeh-Firempong O. Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. Public Health Rep. 2003;118(4):293–302

[7]   Tervalon M, Murray-García J. Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. J Health Care Poor Underserved. 1998;9(2):117–25.

[8]   Crenshaw K. Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. Univ Chicago Legal Forum. 1989;1989(1):139–67.

[9]   Handtke O, Schilgen B, Mösko M. Culturally competent healthcare–A scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision. PloS one. 2019 Jul 30;14(7):e0219971.

[10]   Kirmayer LJ. Rethinking cultural competence. Transcultural psychiatry. 2012 Apr;49(2):149-64.

[11]   Melendres M. Cultural competence in social work practice: Exploring the challenges of newly employed social work professionals. Journal of Ethnic & Cultural Diversity in Social Work. 2022 Mar 4;31(2):108-20.

[12]   Osborn PR, Karandikar S. Practice-based knowledge perspectives of cultural competence in social work. Journal of Ethnic & Cultural Diversity in Social Work. 2023 Nov 2;32(6):285-97.

[13]   White AA, Logghe HJ, Goodenough DA, Barnes LL, Hallward A, Allen IM, Green DW, Krupat E, Llerena-Quinn R. Self-awareness and cultural identity as an effort to reduce bias in medicine. Journal of Racial and Ethnic Health Disparities. 2018 Feb;5:34-49.

[14]   Howe WA, Lisi PL. Becoming a multicultural educator: Developing awareness, gaining skills, and taking action. Sage Publications; 2023 Aug 30.

[15] Gunther CB. Addressing Unconscious Bias, Power, and Privilege to Increase Cultural Competence Skills in Healthcare Faculty: Intersecting Critical Race Theory and the Pyramid Model for Intercultural Competence (Doctoral dissertation, University of South Carolina).

[16] Matthiesen S, Bjørn P, Trillingsgaard C. Implicit bias and negative stereotyping in global software development and why it is time to move on!. Journal of Software: Evolution and Process. 2023 May;35(5):e2435.

[17] Jeffreys MR. Teaching cultural competence in nursing and health care: Inquiry, action, and innovation. Springer Publishing Company; 2015 Dec 1.

[18] Campinha-Bacote J. The process of cultural competence in the delivery of healthcare services: A model of care. Journal of transcultural nursing. 2002 Jul;13(3):181-4.

[19] Hyter YD, Salas-Provance MB. Culturally responsive practices in speech, language, and hearing sciences. Plural Publishing; 2021 Nov 22.

[20] Ting-Toomey S, Dorjee T. Communicating across cultures. Guilford Publications; 2018 Oct 4.

[21] Varcoe C, Browne AJ, Cender LM. Promoting social justice and equity by practicing nursing to address structural inequities and structural violence. Philosophies and practices of emancipatory nursing. 2014 Jul 17:266-84.

[22] Lundy C. Social work, social justice & human rights: A structural approach to practice. University of Toronto Press; 2011.

[23] Beagan BL. A critique of cultural competence: Assumptions, limitations, and alternatives. Cultural competence in applied psychology: An evaluation of current status and future directions. 2018:123-38.

[24] Terrance TC. Grappling with Race, Power, and Privilege: Experiences of Critical Self-Reflection and Cultural Humility among Counseling Trainees. University of Rochester; 2021.

[25] Danso R. Cultural competence and cultural humility: A critical reflection on key cultural diversity concepts. Journal of Social Work. 2018 Jul;18(4):410-30.

[26] Purnell L. The Purnell model for cultural competence. Journal of Multicultural Nursing & Health. 2005 Jul 1;11(2):7.

[27] Liu D. ADDRESSING HEALTHCARE DISPARITIES IN LONG-TERM CARE: CHALLENGES AND STRATEGIES. Managing Quality and Safety in Long-Term Care. 2024 Nov 23.

[28] Renzaho AM, Romios P, Crock C, Sønderlund AL. The effectiveness of cultural competence programs in ethnic minority patient-centered health care—a systematic review of the literature. International Journal for Quality in Health Care. 2013 Jul 1;25(3):261-9.

[29] Campinha-Bacote J. Delivering patient-centered care in the midst of a cultural conflict: the role of cultural competence. Online journal of issues in nursing. 2011 May 1;16(2).

[30] Gunther CB. Addressing Unconscious Bias, Power, and Privilege to Increase Cultural Competence Skills in Healthcare Faculty: Intersecting Critical Race Theory and the Pyramid Model for Intercultural Competence (Doctoral dissertation, University of South Carolina).

[31] Bruster BE, Lane TY, Smith BD. Challenging implicit bias: Preparing students to practice with African American families. Social Work Education. 2019 Jul 4;38(5):654-65.

[32] Shadmi E, Chen Y, Dourado I, Faran-Perach I, Furler J, Hangoma P, Hanvoravongchai P, Obando C, Petrosyan V, Rao KD, Ruano AL. Health equity and COVID-19: global perspectives. International journal for equity in health. 2020 Dec;19:1-6.

[33] Isasi F, Naylor MD, Skorton D, Grabowski DC, Hernández S, Rice VM. Patients, families, and communities COVID-19 impact assessment: Lessons learned and compelling needs. NAM perspectives. 2021;2021.

[34] Berger JT, Miller DR. Health disparities, systemic racism, and failures of cultural competence. The American Journal of Bioethics. 2021 Sep 2;21(9):4-10.

[35] Hassan M. The Psychological Impact of Discrimination on Minority Groups: Implications for Policy and Practice. Journal Of Psychology, Health And Social Challenges. 2023 Dec 31;1(02):132-48.

[36] Latkin CA, Mai NV, Ha TV, Sripaipan T, Zelaya C, Le Minh N, Morales G, Go VF. Social desirability response bias and other factors that may influence self-reports of substance use and HIV risk behaviors: a qualitative study of drug users in Vietnam. AIDS Education and Prevention. 2016 Oct;28(5):417-25.

[37] Alizadeh S, Chavan M. Cultural competence dimensions and outcomes: a systematic review of the literature. Health & social care in the community. 2016 Nov;24(6):e117-30.

[38] Shen Z. Cultural competence models and cultural competence assessment instruments in nursing: a literature review. Journal of transcultural nursing. 2015 May;26(3):308-21.

[39] Clayton RR, Cattarello AM, Johnstone BM. The effectiveness of Drug Abuse Resistance Education (Project DARE): 5-year follow-up results. Preventive medicine. 1996 May 1;25(3):307-18.

[40] Kealey DJ, Protheroe DR. The effectiveness of cross-cultural training for expatriates: An assessment of the literature on the issue. International Journal of Intercultural Relations. 1996 Mar 1;20(2):141-65.