



CULTURE CARE CONNECTION

WWW.CULTURECARECONNECTION.ORG

Increasing the cultural competence of health care providers serving culturally diverse populations

Fall 2011

Funded by UCare

Stratis Health Offers Free Assistance to Clinics to Improve Cultural Competence

Stratis Health and UCare are excited to announce a new initiative, Culture Care Connection II. Your practice may be eligible for free assistance in advancing your cultural knowledge and skills to better serve your culturally diverse patient populations.

Did you know?

- In the past 10 years, Minnesota’s white population grew by only 2.8 percent, while the Hispanic population grew by 74.5 percent and the black/African-American population grew by nearly 60 percent.
- Minnesota health care providers now see a more diverse patient population with people who may not speak English, may not be familiar with Western medicine, and may be distrustful of the American way of delivering health care.
- Evidence shows that racial and ethnic minorities tend to receive a lower quality of health care than non minorities—even when factors related to access, such as patient insurance and income, are controlled.

Over the next 12 months, Stratis Health will work with 25 family medicine, internal medicine, pediatric, and OB/GYN practices to promote cultural competence and meet the

national Culturally and Linguistically Appropriate Services standards. Our goal is to reduce health disparities experienced by Minnesotans of diverse cultural and ethnic backgrounds.

As a participant in Culture Care Connection II, your clinic will receive:

- Assistance in conducting a pre- and post-assessment of cultural capacity in your practice with recommendations on how to create efficiencies and improve care
- Current and projected demographic information on your service area
- Online curriculum for providers and staff to better understand how to provide culturally appropriate services
- On-site or video trainings
- Local, state, and national resources

If you would like to participate in Culture Care Connection II, please complete the [online application](#) by October 30. If you have questions, contact Mary Beth Dahl at 952-853-8546 or mdahl@stratishealth.org. Following receipt of your application, a Stratis Health representative will contact you to discuss the specifics of the initiative. A \$1,000 stipend will be provided to clinics selected to participate in this initiative.



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Why focus on culture? Past participants talk about Culture Care Connection

Dale Minnerath, MD, pediatrician, and Pat Faust, administrator, from CentraCare Women & Children’s Clinic in St. Cloud, MN, describe how and why their clinic became involved in the Culture Care Connection initiative. [See video clip.](#)

Bhutanese in Minnesota

The Bhutanese are a refugee group new to Minnesota. Since 2008, more than 400 Bhutanese refugees have settled in the Twin Cities area, primarily in East St. Paul, Minneapolis, Roseville, and Lauderdale. Most Bhutanese refugees in Minnesota are from Southern Bhutan, a tiny, isolated country, located in the Himalayan mountain range between China and India. Although a small country, Bhutan has generated one of the highest numbers of refugees in the world in proportion to its population, and one of the largest refugee groups being settled by the U.S. Refugee Program.

In 2008, the U.S. began to resettle 60,000 Bhutanese refugees, primarily the Lhotsampas (“loh-CHAHPahs”) people, one of Bhutan’s three main ethnic groups, who had been living in refugee camps for nearly 20 years. As of January 2010, 25,000 refugees had immigrated to the U.S. Thousands also settled in Australia, Canada, Denmark, the Netherlands, New Zealand, and Norway.

Since the early 1990s, many thousands of Lhotsampas have been forced to flee from persecution in their own country, and thousands more live in fear in Bhutan. Often portrayed as a “Shangri-la,” or “jewel of the Himalayas,” Bhutan

has perpetrated severe human rights abuses on its own people. More than 108,000 people, including 40,000 children, have spent nearly 20 years



living in United Nations refugee camps in Nepal and India. Fearing a demographic shift that could threaten the majority position and traditional culture of the Druk people in Bhutan, the king and ruling elites passed denationalizing laws, known as Bhutanization, to impose a one-nation one-people system. The government established new eligibility requirements depriving the Lhotsampa people of their citizenship and civil rights and expelled them from the country after forcing them to sign voluntary migration certificates. The Lhotsampa language and culture were outlawed, books were burned, and television was banned. Thousands were arrested, tortured, raped, and killed.

Recently, some freedoms have returned to Bhutan, and the nation even has an official measurement for quality of life, called the “Gross National Happiness.” Many refugees would like to return home, but despite 16 years of negotiations, Bhutan has not permitted a single refugee to return.

Social Structure

Nearly all Lhotsampas in Minnesota speak Nepalese, with 35 percent estimated to have a functional knowledge of English. Most identify themselves as farmers or students. Other occupations include teachers, social workers, tailors, weavers, and housekeepers. A caste system practiced in Bhutan separates people into social levels. In the camps, caste systems were banned and no longer exist in most daily activities, but can still be seen in death rituals, marriage practices, arranged and early marriages, and the occasional practice of polygamy.

The average Lhotsampas household consists of elderly parents, married sons and their wives and children, and unmarried children. They consider aunts, uncles, and cousins, to be part of the immediate family. Gender roles are clearly defined, with men holding a larger family role. Girls and women often experience heavier household workloads, and do not have equal access to information and resources, nor equal decision-making authority in the family and community.

After marriage, women traditionally move to their husband’s home. If polygamy is practiced, the two wives often are sisters or other blood relatives. In some cases, one of the women may be disabled. Widows are culturally not allowed to remarry, and often become dependent on their sons. Divorced and widowed women have a low position within the family and often raise their children without the support of family members. A female victim of sexual abuse and her family may be harassed and ostracized by the community.

Bhutanese in Minnesota

Diet

A typical Lhotsampas meal includes rice, lentils, and curry, nonvegetarians may eat chicken or goat. In accordance with Hindu beliefs, the Lhotsampas believe the cow to be sacred and do not eat beef (or pork). In the refugee camps, they cooked with charcoal or with solar rice cookers. Most refugees are unfamiliar with modern cooking appliances and have a limited knowledge of urban life and life in the West.

Religion

Although nearly all Lhotsampas arrivals to Minnesota are Hindu, some believe in Buddhism and Shamanism. Hindus believe in one God, but also worship many forms of gods and goddesses in temples or at home and read from holy scriptures, such as Vedas, Upanishads, and Gita. The Lhotsampas celebrate births with naming ceremonies. They also celebrate deaths, the lunar new year, and the Festival of Lights. Animals are frequently sacrificed during festivals and marriage ceremonies.

A shaman is a religious leader who acts as a medium between the visible world and an invisible spirit world. He practices rituals and makes all decisions related to spiritual healing, and religious ceremonies.



Thimphu, Bhutan, March 22, 2001. © AP Images

Medical Care

According to the Centers for Disease Control and Prevention, rates of tuberculosis, malaria, and Dengue Fever are high in southern Bhutan and the refugee camps of Nepal. Other health concerns in this population, include diarrhea, pneumonia, skin infections, conjunctivitis, intestinal worms, hypertension, and a high maternal mortality rate.

Rates of influenza, diabetes, cancer, and HIV/AIDS tend to be low in this population.

Refugees practice the traditional medicine of faith and spiritual healing, but also have been exposed to modern medicine while living in the refugee camps. They may have experienced physical exams, screenings, transfusions, and surgeries.

Traditional Hindu belief attributes illness to karma—the result of actions performed in past lives. Traditional

medicine may employ astrological readings, use of spices and herbs, recitations, yoga, and other ritual practices. In this population, the processes of pregnancy, birth, and death are commonly believed to be spiritually impure. A pregnant woman is not allowed

to visit another home until a certain ritual is performed. If she visits a

neighbor's house and sickness or death of the neighbor follows, she can be held responsible.

Health care providers should know that illnesses may go undiagnosed in this population because many Bhutanese refugees are reluctant to seek care. The culture traditionally considers issues such as physical disability, mental disability, illiteracy, and experiences of torture to be shameful and should be hidden.

Elderly Lhotsampas who speak no English are prone to depression. They seldom have the opportunity to go outside and often feel isolated in their apartments. In addition, Minnesota's cold weather is a shock to a population accustomed to a warm climate.

End of Life

Hindus believe in reincarnation—although the body dies, the soul lives on. Culturally, the family may prefer not to tell a dying family member that death is imminent.

When death occurs, families from the community come immediately to console and help. They bring the family food, liquor, firewood, money, and other items. The family often takes an active role at the time of death in performing religious rituals, conducting astrological readings and washing and dressing the body before it is cremated.

Organ donation and autopsy are unacceptable to many Hindus.

(Continued on p. 5.)

A History of Reducing Health Disparities in Minnesota

Stratis Health has a long record of success in reducing health disparities among communities of color and underserved populations, including projects with specific populations and targeted clinical conditions, improving health literacy, and increasing the cultural competence and effectiveness of health care providers serving culturally diverse populations. Examples of this work include:



Culture Care Connection Website, www.culturecareconnection.org. A Minnesota-focused online learning and resource center intended to help health care organizations function effectively within the context of the cultural beliefs, behaviors, and needs of health care consumers and their communities. Provides resources on cultural competence concepts, health topics, diverse populations, and stakeholder organizations. *Funded by UCare.*

Culture Care Connection Initiative 2008-2010. Provided technical assistance to approximately 25 clinics and a public health agency to measure and enhance their cultural competence. Statistically significant performance improvement was demonstrated on all 14 Culturally and Linguistically Appropriate Services (CLAS) standards. *Funded by UCare.*

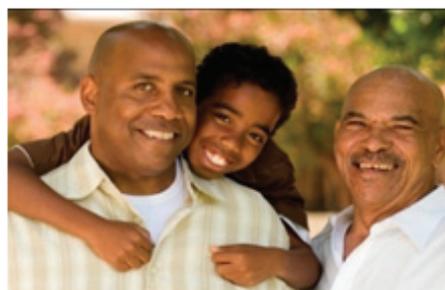


Culture Matters Initiative 2005-2008. Provided technical assistance to approximately 25 adult primary care clinics across Minnesota to enhance their cultural competence. Statistically significant performance improvement was demonstrated on all 14 CLAS standards. *Funded by the Centers for Medicare & Medicaid Services.*

DVD Series: Hispanic/Latino, Hmong, Somali. Provides insights into the beliefs and norms of three of Minnesota's predominant cultures. *Funded by UCare.*

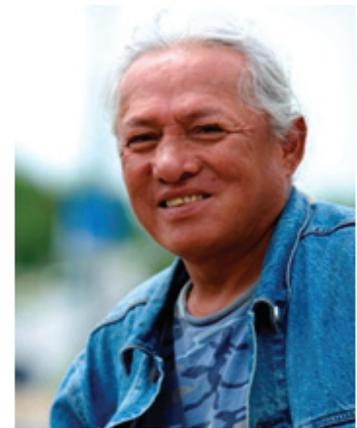
Race/Ethnicity/Language (REL) Training. Provided training on how and why to collect REL data using best practices and data to improve quality of care. *Funded by MN Community Measurement.*

Diabetes Care for African Americans. Reduced clinical disparities in diabetes care by conducting academic detailing with targeted physicians and clinics and by facilitating community learning sessions focused on diet, exercise, and



emotional wellness. Results showed a decrease in the disparity in lipid testing for diabetes between African American and Caucasian Medicare consumers from 25.0 percent to 21.2 percent in Hennepin County, and from 30.0 percent to 22.8 percent in Ramsey County. *Funded by the Centers for Medicare & Medicaid Services*

Focus Groups and Statewide Survey. Partnered with the University of Minnesota to develop and conduct focus groups and an extensive statewide survey among African-American, American Indian, Hispanic/Latino, Hmong, and Somali Minnesotans enrolled in state public programs, to better understand their barriers to health care access and services under the Minnesota Prepaid Medical Assistance Program. *Funded by Minnesota Department of Human Services.*



Minnesota Health Literacy Partnership. One of the founding organizations and leader of the state's coalition on health literacy.

Minnesota Diabetes and Heart Health Collaborative. Supported the development and distribution of patient education materials that promote consistent diabetes messages across settings aimed at people with limited language skills and those who prefer visual instruction aids.

(Continued from p. 3.)

Minnesota organizations helping Bhutanese refugee resettlement:

- [International Institute of Minnesota](#)
- [Minnesota Lutheran Social Service](#)
- [World Relief](#)
- [Minnesota Council of Churches](#)

Sources

- [Bhutanese in Minnesota](#), World Relief Minnesota, viewed September 12, 2011
- [Bhutanese Refugees in Minnesota](#), Nirvana Center, Bhutanese Community of Minnesota, viewed September 4, 2011
- [Bhutanese Refugees in Nepal](#), Cultural Orientation Resource Center, viewed September 12, 2011
- [Bhutanese Refugees: The Story of a Forgotten People](#), viewed September 4, 2011
- [DROKPA](#), viewed September 3, 2011

Minnesota Rural Palliative Care Initiative 10 Rural Communities Enhanced Palliative Care Services

Ten rural communities in Minnesota have made advances toward establishing or strengthening palliative care services through interdisciplinary community-based teams that spanned multiple health care settings.

This collaborative aimed to strengthen the communities' ability to work together to transform care delivery in rural Minnesota. Stratis Health developed and led the initiative with funding from UCare and with expertise in program development and clinical topics from Fairview Health Services.

Palliative care is an interdisciplinary approach to managing serious and advanced illness that focuses on relieving suffering and improving quality of life for patients and their families. It customizes treatment to meet the needs of individuals and seeks to relieve pain, anxiety, shortness of breath, fatigue, nausea, loss of appetite, and other symptoms. Practitioners of palliative care help patients and their families understand treatment options, and facilitate effective communication among health care professionals, patients, and family members.

Emotional and spiritual support for patients and families are hallmarks of

palliative care. Studies demonstrate positive clinical and financial outcomes from providing palliative care services.

Through the initiative, participating communities developed models for service delivery that fit their needs and resources. The models varied widely, such as variation in how palliative care services were delivered (through a home health agency, nursing home, or inpatient consultation); disciplines were represented on teams; or patient focus, such as infusion therapy or physician-referred with complex illness.



As of April 2011, six of the 10 communities were enrolling patients and providing interdisciplinary palliative

care services. The other four communities developed and/or improved processes to support palliative care, such as implementing advanced care planning or common order sets across care settings to support effective communication and patient transitions. [More>](#)

For more information on end of life issues specific to diverse ethnic populations, see Diversity in Minnesota, at the Culture Care Connection website, www.culturecareconnection.org

Resources

Test Your Cultural Knowledge: Culture Care Connection Quick Quiz

Other than English, what is the most common language spoken in Minnesota? How familiar are you with Minnesota's foreign-born residents and populations of color?

Go to the [Culture Care Connection](http://www.CultureCareConnection.org) website to take the updated 10-question [Culture Care Connection Quick Quiz](http://www.CultureCareConnection.org/QuickQuiz).

Taking the quiz can help you start thinking about how much or how little you know about Minnesota's multicultural populations. These 10 questions (and answers) are a great jumpstart for beginning or expanding your education in providing culturally competent health care for your patients.

Once you have gotten your feet wet with the Quick Quiz, you can go on to assess how well your organization meets the national Culturally and Linguistically Appropriate Services (CLAS) Standards by taking the Culture Care Connection CLAS Assessment. The CLAS Standards were developed by the Department of Health and Human Services, Office of Minority Health, to guide organizations in providing culturally competent care to their patients.

Culture Care Connection www.CultureCareConnection.org

Culture Care Connection is an online learning and resource center aimed at supporting health care providers, staff, and administrators in their ongoing efforts to provide culturally-competent care in Minnesota.

This site provides information on cultural competence concepts, health topics, ethnicities, stakeholder organizations, and resources that reflect the needs of Minnesota's diverse populations, as well as

the health care organizations that serve them. Look for actionable tools to assist you in achieving your organizational goals in relation to cultural competence.

Honoring Choices Minnesota www.honoringchoices.org

Honoring Choices is a new statewide website with multicultural listening sessions on end-of-life care and advance care planning. Learn how to initiate advance care planning conversations in your family and community. Explore listening sessions, featuring in-depth conversations on end-of-life care among Minnesota's diverse faith, cultural, and identity communities.

The Health of Lesbian, Gay, Bisexual, and Transgender (LGBT) People: Building a Foundation for Better Understanding

See the Institute of Medicine (IOM) report on the unique health needs of the LGBT population. The experiences of LGBT individuals are not uniform; they are shaped by many factors, such as race, ethnicity, socioeconomic status, geographical location, and age.

According to the IOM report, each population within LGBT is a distinct population with its own specific health needs; more data is needed to build a solid evidence base for an increased understanding of the health needs of this population. [More >](#)

INTERSECT Newsletter

A weekly update from Cross Cultural Communications, with information about language, cultural competence, and interpreting.

www.cultureandlanguage.net

Events

ONGOING PROGRAMS

Hmong Elder Program

Every Monday, 9:30 a.m. to noon, First Lutheran Church, Southeast Asian Ministry, St. Paul
seam-stpaul@hotmail.com

Minnesota Community Health Worker Peer Network

Fourth Tuesday of every month, 1:00 to 3:00 p.m., North Point Health and Wellness Center, Minneapolis
www.wellshareinternational.org

Cambodian Elder Program

Every Thursday, 10:00 a.m. to noon, Christ Lutheran Church, Southeast Asian Ministry, St. Paul
seam-stpaul@hotmail.com

Chinese Senior Program

Last Saturday of every month, 11:00 a.m. to 2:00 p.m., China Place Building, St Paul, Chinese Social Services Center
yiliyou@msn.com

Cancer Prevention and Control in Racial and Ethnic Minorities October 4, Minneapolis, MN

The next Minnesota Center for Cancer Collaborations Cancer Disparities Grand Rounds will be presented by Chanita Hughes Halbert, PhD, University of Pennsylvania, at the University of Minnesota, room 450, Masonic Research Building. [More >](#)

Minneapolis Diabetes Expo October 15, Minneapolis, MN

The Minneapolis Diabetes EXPO includes health screenings, cooking demonstrations, exhibits, as well as leading experts talking about diabetes management and prevention. Get the latest information on diabetes and its complications. [More >](#)

Events

National Healthcare Quality Week, October 16-22

Healthcare Quality Week features the work of health care quality professionals and highlights their influence on improved patient care outcomes and health care delivery systems. [More >](#)

Honoring Choices Minnesota: Advance Care Planning Facilitator Training Course October 17, Minneapolis, MN

Sponsored by the Twin Cities Medical Society, this course is intended for health care professionals, social workers, nurses, hospice/home care workers, parish nurses, clergy, volunteers, and interested lay persons who conduct end-of-life discussions. Sessions focus on facilitating discussions, completing an advance care directive, and key principles and practices for developing an advance care planning program. [Register](#) early. Space is limited.



**MANY FACES
OF
COMMUNITY HEALTH**

6th Annual 2011 Many Faces of Community Health Conference October 27-28 Minneapolis, MN

A two-day Stratis Health-sponsored conference that explores ways to improve care and reduce health disparities in underserved populations and among those living in poverty.

Our audience consists of physicians, health care professionals, and students; community clinic management and staff;

professionals from public health, social services, health plans, and government; community health workers; policy makers; health activists; and others involved in the community.

Hear from keynote speaker and rural health care expert Clinton MacKinney, MD. Learn about local efforts to increase colorectal cancer screening rates from Jane Korn, MD, Minnesota Department of Health Cancer Control Program, Matt Flory, American Cancer Society in Minnesota, and Liesl Hargens, Stratis Health epidemiologist.

Plan to attend the Thursday evening Reinertson Lecture, sponsored by the Institute for Clinical Systems Improvement, with national accountable care organization expert Elliot S. Fisher, MD, MPH, Dartmouth Medical School.

[More >](#)

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works toward its mission through initiatives funded by federal and state government contracts, and community and foundation grants, including serving as Minnesota's Medicare Quality Improvement Organization.

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