



# CULTURE CARE CONNECTION

[www.culturecareconnection.org](http://www.culturecareconnection.org)

Increasing the cultural competence of health care providers serving culturally diverse populations  
Summer 2012

Funded by **Ucare**

## A Clinic System, Community Clinics, Public Health: Approaches to Improving Cultural Competence

Participants in the Stratis Health Culture Care Connection initiative use many of the same strategies for improving cultural competence in their organizations—but also employ approaches unique to their own care settings.

### HealthEast Rice Street Clinic, St. Paul

As a member of a large clinic system, the Rice Street Clinic has access to many multicultural resources available on HealthEast’s intranet. Because the Hmong



HealthEast Rice Street Clinic staff

population makes up over 40 percent of its patient population and 30 percent of its staff members, access to these resources is particularly important. Clinic Manager Anne Thompson says, “We like to have a friendly face at the front desk for our patients—someone who represents our patient population and speaks the same language. So we

always have at least one Hmong person at reception.” The Karen population is the clinic’s second largest ethnic population.

The Rice Street clinic uses a patient advisory committee to help guide its work, and the participants in its health care homes project to improve diabetes care must represent diverse populations. For interpreter services, HealthEast uses contracted agencies with independent contractors, and has a rigorous training program and rigorous requirements for its interpreters. A performance feedback form is used to evaluate such factors as whether the interpreter

[Continued on Page 5 >>](#)

### This Issue

- ✦ Approaches to Improving Cultural Competence 1
- ✦ News 2
- ✦ Resources 3
- ✦ Multicultural Resources 4
- ✦ Events 6
- ✦ Stratis Health Contacts 7

### Diversity Minnesota Discussion Group St. Paul, MN August 10, 2012 8:30 a.m. - 10:00 a.m.

The Diversity Minnesota Discussion Group meets the second Friday of each month, 8:30 -10:00 a.m., at Black Bear Crossing Coffee House, to discuss diversity-related topics and resources.

The group has an active outreach program that helps Minnesotans connect with their community and employers committed to cultural diversity in their workforce.

[Diversity Minnesota website](#) >>

## NEWS

### 50,000 Hmong Attend 32nd Annual Celebration

An estimated 50,000 people came to St. Paul on June 30 and July 1, 2012, to attend Minnesota's 32nd Annual



Hmong Freedom Celebration and Sports Festival, a two-day family event that set a record for the largest Hmong get-together in the world, according to

the Star Tribune. Organizers usually plan the event for the July 4th weekend and claim it to be the largest Asian-American sporting event in the U.S., with soccer, flag football, and top spin competitions. Top spin is a popular game that originated in Laos. Initially organized to unite the estimated 63,000 Hmong refugees in St. Paul, the celebration has become an international reunion of Hmong from across the globe looking to Minnesota as its community leader.

### Interpreters in the ER Improve Patient and Physician Satisfaction

The Annals of Emergency Medicine recently reported that patients, physicians, and nurses who used professional in-person interpreters were four times more likely to be satisfied with care provided than those who didn't. Researchers found the use of professional in-person interpreters and using the same interpreter from triage to discharge had the potential to improve outcomes, reduce errors,

reduce unnecessary returns to the ER, shorten length of stay, and reduce staff burnout.

[More >>](#)

### CDC Report: GLBT Youth Tend to Engage in More Health Risk Behaviors

Gay, lesbian, bisexual, and transgender youth are more likely to engage in health risk behaviors than heterosexual youth, according to a [study](#) by the Centers for Disease Control and Prevention (CDC), "Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9–12." Health care providers, families, and schools are advised to be aware of the potential for increased tobacco use, alcohol and other drug use, sexual risk behavior, suicidal behavior, and violence in this population.

### Gender Stereotypes in Male Health

The discipline of men's health is increasingly focusing on encouraging men to pay attention to their primary health care needs—not just the prevention of disease.

According to an [Office of Minority Health article](#),

men are often viewed through gender stereotypes related to health and may be perceived as not having the same health needs and risks as women. However, sexually transmitted infections and unplanned, unwanted pregnancies affect men as well as women. Men have needs and desires related to family planning and disease prevention and are expected to take parental and financial responsibility for their offspring.

In "Gender Stereotypes: Men's Health's Worst Enemy," Medical Director of Planned Parenthood Metropolitan Washington Willie J. Parker, MD, MPH, MSC, says, "A major gender stereotype is that many people, especially people of color, think that men should be strong and invincible and that they should never acknowledge not feeling well, whether that be mentally or physically." Parker highlights the many social determinants of health that undermine wellness and productivity for all men—in particular, for men of color. High rates of unemployment and incarceration, as well as much lower rates of higher education, still exist and are rising for men of color.

Dr. Parker recommends targeted efforts that draw attention to issues unique to men of color, such as documenting mortality caused by HIV, homicide, cancer, and, heart disease to

begin a process of resource allocation and prevention efforts that could help to close the gaps in health inequality by race and ethnicity.



Recognition that involving men in their own health and the health of their families is important has been highlighted by the creation of The Commission on Paternal Involvement in Pregnancy Outcomes (CPIPO), which focuses on the role of expectant fathers in healthier pregnancies and babies.

# RESOURCES

## Update to BCBS 2010 Report: The unequal distribution of health in the Twin Cities

Based on 2000 Census data, this 2010 Blue Cross Blue Shield report assessed the influence of place, income, race, and education on health in the Twin Cities area. [The report](#) was recently updated with 2010 Census data.

In 2000, the life expectancy disparity between those living in the highest income areas of the Twin Cities and those living in the lowest income areas was eight years. By 2010, the gap had decreased to 6.6 years, with the greatest improvement shown in the poorest neighborhoods. The updated report compared the national life expectancy average of 76.5 years with the average life expectancy of 81 years for people living in the Twin Cities.

Mortality rates also improved among all racial/ethnic groups, with the exception of U.S.-born African Americans. The longest life expectancies were found in the more affluent second- and third-ring suburban communities, with the shortest life expectancies in central Minneapolis and St. Paul, in neighborhoods with the lowest incomes and highest concentrations of communities of color.

Increasing economic hardships over the last 10 years have impacted poverty, employment, housing costs, and demographic shifts, as well as an increasingly more diverse, older population.

The report points out the need to re-focus efforts and resources away from only treating disease toward improving the “distribution of health” in the Twin Cities, with more attention being paid to the underlying social inequalities that contribute to

morbidity and mortality—poverty, low levels of education, and the social determinants of health.

For information about health disparities according to income, race/ethnicity, and gender across the nation, read [“CDC Health Disparities and Inequalities Report – United States, 2011.”](#)

## Guidance Available on How to Become a Health Literate Organization

The Institute of Medicine (IOM) paper “Ten Attributes of a Health Literate Health Care Organization” presents attributes that exemplify a health literate health care organization. Also provided are practical implementation steps organizations can immediately take to make it easier for people to navigate, understand, and use information and services to improve their health. Addressing health literacy is a critical component to patients accessing care and making informed health care decisions, and for health care organizations in delivering high-quality, patient-centered care and culturally and linguistically appropriate services. It benefits the 77 million Americans with limited health literacy, as well as the majority of Americans who have difficulty understanding and using health information and services.

### IOM's Ten Attributes of a Health Literate Health Care Organization

A health literate health care organization:

1. Has leadership that makes health literacy integral to its mission, structure, and operations.
2. Integrates health literacy into planning, evaluation measures, patient safety, and quality improvement.
3. Prepares the workforce to be health literate and monitors progress.
4. Includes populations served in the design, implementation, and evaluation of health information and services.
5. Meets the needs of populations with a range of health literacy skills while avoiding stigmatization.
6. Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.
7. Provides easy access to health information and services and navigation assistance.
8. Distributes print, audiovisual, and social media content that is easy to understand and act on.
9. Addresses health literacy in high-risk situations, including care transitions and communications about medicines.
10. Communicates clearly what health plans cover and what individuals will have to pay for services.

### Developing a Health Literacy Plan

The Department of Health and Human Services has developed a [health literacy plan](#) to help health care organizations with limited time and resources to begin, coordinate, and sustain a health literacy action plan. Use the [sample action plan](#) to help write a plan for your organization. [Read more](#) about how health care organizations across the U.S. have implemented the action plan.



## RESOURCES, CONT.

### Connect with Your Patients as Never Before

Use these simple tactics to help build an even more solid relationship with your patients.

1. Helping patients find your doctors is critical. Create and locally promote a physician locator on your website for physicians at your clinic.
2. Include maps, directions, parking/validation information, and links to area services (pharmacies, restaurants, shopping).
3. Provide patient stories and consumer reviews of your physicians on your physician locator.
4. Ensure your patient messages set appropriate expectations. Educate and guide patients throughout your system. Improve satisfaction in every area of the hospital.
5. Offer quality, customized, easy-to-understand patient education materials, with everyday language—not medical jargon.
6. Make sure materials reflect your diverse patient populations—using the languages, images, words, and methods your patients understand and relate to is the first step in connecting with them.
7. Provide printed materials about the specialists you refer.
8. Create two-way communication opportunities for patients, such as asking for feedback at the point of care.
9. Gather satisfaction data from your patients by providing “How Are We Doing?” opportunities at every stop along your health care path. Consumers expect satisfaction and are eager to comment.
10. Leverage technology to communicate with patients where they are—mobile, online, your waiting room, Facebook, email. Patients who are tech-savvy like to have the option.



—Adapted from “10 patient communications tactics for hospitals and clinics,” by Simon Lee, [Raglan’s Healthcare Communication News](#).

## MULTI-CULTURAL RESOURCES

### Latest Resources from The Exchange

Check out The Exchange, a Minnesota partnership formed to exchange health communication information and resources and share multilingual health materials. Resources and information are open to everyone, but access to online translated health materials is limited to members only.

[This Much I Can Tell You](#), an account from 18 new Minnesotans — refugees and asylees from nine different countries — who share stories of fear, courage, sorrow, and hope for new futures in the U.S.

[Somali Health Newsletter](#), a blog about the Somali view of health challenges from the Somali Health Coalition of Minnesota. The coalition includes community-based doctors, public health professionals, educators, interpreters, social workers, and the general public who partner in education, research, and advocacy.

Which One Do You Talk To? In a [New York Times article](#), Fran Hawthorne notes that all too often, the elderly become bystanders in their own treatment. She quotes AARP’s Nancy Perry Graham, who says, “Older people are invisible in society after a certain point. It’s one of the last remaining acceptable prejudices.”

[The Exchange website](#) >>

# Improving Cultural Competence

<< [Continued from Page 1](#)

arrived on time, was friendly, had the required skills, maintained confidentiality, and did not conduct other work while on duty.

The clinic recently developed a method to use an existing depression assessment with its Hmong patients—many of whom suffer from post traumatic stress disorder. Its grant from Stratis Health has been used to sponsor monthly training sessions on cultural topics, with presentations from multicultural staff and outside speakers—such as a recent session on a pilgrimage to Mecca. The sessions have provided the opportunity for staff to get together for multicultural luncheons and to have discussions and learn from each other. Anne says, “Staff members have a special bond with the Rice Street Clinic and understand the importance of the work they are doing here. Providers stay here. Employees who have left often come back because they miss it.”

## West Side Community Health Services, St. Paul

This community clinic provides multicultural and multilingual services and education to immigrant and low-income communities, primarily Latino and Hmong communities. Patients are met with a welcoming environment, with staff members, pictures and print materials that reflect the communities the clinic serves. Staff members are trained to assess for their patients’ preferred language and ensure their needs are met using either employed Spanish or Hmong interpreters, outside interpreters, or a telephone language line.

Culture hides more than it reveals, and, strangely  
enough, what it hides, it hides most effectively from its own participants.

—Edward T. Hall  
The Silent Language

West Side’s Chief Operations Officer Tracey Miller says, “Our staff learn about the cultural and religious values of our patients through educational sessions and from their co-workers and patients.” The clinic is forming a task force to address priority recommendations from the results of its baseline CLAS assessment, and results of the assessment were recently presented to its quality committee and board of directors, who showed enthusiasm for the project. The clinic also is using a training video provided by Stratis Health in its new employee orientation process.

## Community University Health Care Center (CUHCC), Minneapolis

CUHCC has been in the business of providing primary care services to low income families and diverse populations for nearly 50 years.

Amy Shellabarger, CUHCC Patient Services and Community Relations Manager, recently developed and conducted a training session for nurse practitioners at the University of Minnesota on how to use interpreters effectively. Working effectively with interpreters begins with understanding the role of the interpreter and understanding your own biases—critical to any encounter with patients who represent diverse communities. Amy quotes Edward T. Hall in *The Silent Language*, “Culture hides more than it reveals, and, strangely enough, what it hides, it hides most effectively from its own participants.” Amy uses the iceberg analogy to illustrate that you can’t make assumptions about people based on appearances or stereotypes, “We can only see the tip of the iceberg; the majority of the iceberg (or person we encounter) is hidden below the water.”

It also is important to recognize that people have the right to waive the use of an interpreter, but that the physician can still retain the interpreter to ensure good care. The ability to provide good care depends on the physician’s ability to commu-

[Continued on Page 6](#) >>

# Improving Cultural Competence

<< [Continued from Page 5](#)

nicate and understand the patient. And just because a provider has studied a language doesn't mean that the provider is skilled enough to interpret and communicate adequately (or safely) in that language.

Interpreters also can assist providers in “debriefing after cultural clashes”—getting down to specific cultural issues to find out why people may have different responses. It could be a reflection of their culture or religious beliefs, their understanding of Western medicine, health management, treatment, or life experiences. Many immigrants are refugees and survivors of war who suffer from post traumatic stress disorder. And what is considered rude in one culture may be considered normal behavior in another.

CUHCC also is involved in the Multilingual Health Resources Exchange, which is creating public service video vignettes for Somalis and Latinos about how to access interpreters. These videos will be accessible via Quick Response codes on smartphones. People who may not have a computer at home, may have a smartphone and can use it to quickly find out how to access an interpreter.

CUHCC has a cultural competence plan in place and has developed a language access policy that spells out its expectations, training requirements, and its evaluation of knowledge and skills related to language. For the Cultural Care Connection initiative, the entire staff took the pre-assessment survey. The results of the survey were then used as a needs assessment for the clinic's improvement work.

## Dakota County Public Health, St. Paul and Apple Valley

In addition to many other services, public health agencies provide home visits to families, children, the elderly, and the disabled. Family health home visiting helps eligible pregnant women, new moms, and babies learn about infant brain development, parenting, and child safety, as well as how to stay healthy during pregnancy and how and what to feed the baby. Clients are referred by hospitals, clinics, and the Women, Infants, and Children's Program (WIC).

Dakota County Family Health Home Visiting serves over 300 families. It serves a large Hispanic population, as well as families from Somalia and Russia. According to Public Health Supervisor Carol Messler, the agency has been working to improve cultural competence and interpreter services for more than 10 years. It completed its CLAS pre-assessment with 86 of its 105 staff members participating in the survey. The agency has convened a diversity task force and will be implementing mandatory training in the fall, focusing on cultural competence, language services, and organizational supports. The composition of its staff members has changed over the last few years with the percentage of people who represent non-white/non-English speaking communities increasing from 11 percent in 2007 to 13 percent in 2011. ○

## EVENTS

### Healthcare Associated Infections Collaborative Meeting

September 7, 2012

Plymouth, MN

Stratis Health is a proud co-sponsor of this event. Learn about Minnesota's Collaborative for Healthcare-Associated Infection Network (CHAIN) and Minnesota's plan for reducing and preventing healthcare-associated infections. Network with experts and colleagues to discuss their successes, barriers, and lessons learned while working to reduce infections in their units.

[Save the Date PDF](#) >>

### 2012 MAPS Conference: Accelerate: taking patient safety to the next level

October 24-26, 2012

Brooklyn Center, MN

Plan to attend the 2012 Minnesota Alliance for Patient Safety Conference at the Minneapolis Marriott Northwest (formerly the Northland Inn). Stratis Health is again a proud sponsor of this event, which will provide practical strategies and tools to accelerate and sustain advances in patient safety. Keynote speakers will include Cy Wakeman, Tim McDonald, MD, Brian Wong, MD, and Jim Reinertsen, MD. A preconference on full disclosure, the MAPS Safety Culture Roadmap, and Patient Safety 101 is scheduled for October 24. Registration will open in late summer. Watch for more information at [www.mnpatientsafety.org](http://www.mnpatientsafety.org).

[Save the Date PDF](#) >>

[Sponsor Options PDF](#) >>

## EVENTS, CONT.



### Many Faces of Community Health 7th Annual Conference: Stepping Up to Transform Health Care October 25-26, 2012

#### Bloomington, MN

Plan to attend and hear how Community Health Centers are planning new delivery models to promote health equity, to prevent chronic disease, and to assure access for the underserved—now and in the future. Hear from keynote speaker Reed V. Tuckson, MD, UnitedHealth Group. The Stratis Health co-conference offers two tracks: clinical and management/policy. The conference will take place at the Hilton Minneapolis/St. Paul Airport Mall of America hotel. Registration will open soon.

Watch for more information at [www.manyfacesconference.org](http://www.manyfacesconference.org).

### RARE Action Learning Day

November 8, 2012

#### Plymouth, MN

Mark your calendar for the third RARE Action Learning Day, on Tuesday, November 8, at the Crowne Plaza in Plymouth. Working teams from all participating organizations are encouraged to attend this event.

[More >>](#)



## STRATIS HEALTH CONTACTS

**Mary Beth Dahl, RN, CPC,**  
CPHQ, Program Manager  
[mdahl@stratishealth.org](mailto:mdahl@stratishealth.org)  
952-853-8546

**Mary Montury**  
Program Coordinator  
[mmontury@stratishealth.org](mailto:mmontury@stratishealth.org)  
952-853-8541

**Cathy Weik, MAL, SPHR,**  
CCEP, Program Lead Health  
Disparities  
[cweik@stratishealth.org](mailto:cweik@stratishealth.org)  
952-853-8519

**Margaret LeDuc**  
Editor  
[mleduc@stratishealth.org](mailto:mleduc@stratishealth.org)  
952-853-8578

**Katharine Holden**  
Editor  
[kholden@stratishealth.org](mailto:kholden@stratishealth.org)  
952-853-8549

**President and CEO**  
Jennifer P. Lundblad, PhD, MBA

**Director, Medical Affairs**  
Jane Pederson, MD, MS

**Board of Directors**  
Kathleen D. Brooks, MD, MBA  
Connie Delaney, PhD, RN  
Huda Farah, MSC  
William E. Jacott, MD, board chair  
Dee H. Kemnitz  
Michele Kimball  
Clint MacKinney, MD, MS  
Beth Monsrud, CPA  
Alison H. Page, MHA  
Michael Spilane, MD  
Ruth Stryker-Gordon, MA, RN  
Dale Thompson  
Gary Wingrove

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.

#### Stratis Health

2901 Metro Drive, Suite 400  
Bloomington, MN 55425-1525  
952-854-3306 +952-853-8503 (fax)

Email: [info@stratishealth.org](mailto:info@stratishealth.org)  
[www.stratishealth.org](http://www.stratishealth.org)



Culture Care Connection is  
Produced with Support from

