



CULTURE CARE CONNECTION

www.culturecareconnection.org

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

Winter 2011/2012

Funded by UCare

Culture Care Connection II Clinic Initiative Launches in January

Stratis Health is excited to announce the launching of a new UCare-funded initiative that focuses on advancing cultural knowledge and skills for clinical and non-clinical staff working with multicultural patient populations.

We are proud to announce the following participant clinics and public health agencies taking on this important challenge.

- Appleton Area Health Services, Appleton
- Community University Health Care Center, Minneapolis
- Eagan Child and Family Care, Eagan
- HealthEast Rice Street Clinic, St. Paul
- Multicare Associates - Fridley Medical Center
- Multicare Associates - Blaine Medical Center
- Multicare Associates - Roseville Medical Center
- Neighborhood Health Source, Minneapolis
- Northpoint Health and Wellness Center, Minneapolis

- Open Door Health Center, Mankato
- Partners in Pediatrics - Brooklyn Park
- Partners in Pediatrics - Calhoun, Minneapolis
- Partners in Pediatrics - Maple Grove
- Partners in Pediatrics - Plymouth
- Partners in Pediatrics - Rogers
- Phalen Village Clinic, St. Paul
- St. Paul-Ramsey County Public Health, St. Paul
- Sleepy Eye Medical Center, Sleepy Eye
- Women's Health Center of Duluth

During 2012, Stratis Health will work with Minnesota clinics and public health agencies to promote cultural competence and the national Culturally and Linguistically Appropriate Services (CLAS) Standards.

As part of the initiative, participants will receive cultural assessments, including gap analysis with recommendations, online curriculum, demographic reports, community profiles, educational training, and links to current cultural research and information. ○



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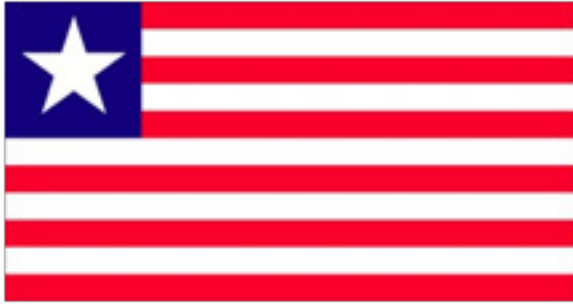
Eating Contaminated Fish

Mercury and PCBs have been found in fish from Minnesota lakes and rivers, according to the Minnesota Department of Health. This is a concern for many Minnesota immigrants, including Hispanics, Hmong, and Vietnamese, who regularly consume large quantities of fish. Encourage your patients to replace some fish with alternative protein sources.

[More>](#)

Culture Care Focus: Liberians in Minnesota

Although there is no accurate, official record of the number of Liberians living in Minnesota today, according to the Minnesota-based *Liberian Journal*, Minnesota has one of the largest Liberian populations in the country, with the highest



concentration living in the Brooklyn Park area. In a March 2, 2009, *Star Tribune* article, Kerper Dwanyen, then president of the Organization of Liberians in Minnesota, said more than 250,000 Liberians live in the U.S., with an estimated 35,000 residing in Minnesota. People of Liberian ancestry make up the third largest group of African immigrants to Minnesota. Large populations of Liberians also reside in Philadelphia, Pennsylvania, and Providence, Rhode Island. Liberians Count! Participate in the 2010 Census, March 18, 2010, <http://www.theliberianjournal.com/index.php?st=opinion&sbst=details&rid=77>

As a result of 14 years of civil war in Liberia that began in 1989 and ended in 2003, the U.S. granted temporary protective status to thousands of Liberians and has extended that status several times. Although peace was declared with democratic elections first held in 2005, Liberians say the political and economic situation in Liberia continues to be fragile, and those who have put down roots in Minnesota do not want to return to a difficult life in Liberia. MPR, Bush extends stays of thousands of Liberians in U.S., September 13, 2007. <http://minnesota>

publicradio.org/display/web/2007/09/13/liberianstatus/; MPR, Liberian President visits Minnesota, April 10, 2009; <http://blog.lib.umn.edu/hhhevent/news/04.11.09%20AP-%20Sirleaf.pdf>; *Star Tribune*, March 2, 2009, Allie Shah 612-673-4488; <http://www.startribune.com/local/north/40516512.html>

Located in West Africa, Liberia is bordered by Sierra Leone, Guinea, and the Ivory Coast. Liberia has a unique historical relationship with the U.S., initially connected through the slave trade. In 1820, the American Colonization Society, a private organization that included U.S. President Monroe, sent nearly 300 freed American slaves to Liberia to colonize the country. In 1847, the colonists, identified as Americo-Liberians, established the Republic of Liberia based on the U.S. government model. In 1980, the Americo-Liberians were overthrown, initiating two civil wars that devastated the national economy and left nearly 250,000 people dead. Agricultural production was completely disrupted and the entire population was dependent on donated food.

Culture

Unique to African immigrants in the U.S., Liberians speak English, a reflection of their history as slaves in the American South. Although English is the official language of Liberia, over 30 indigenous languages also are spoken. The social customs and culture of the Americo-Liberians were modeled after the slaveowners of the American South, including the establishment of the Masonic Order of Liberia. Social gatherings, such as weddings, birthdays, and funerals,

are similar to those of Americans, in general, and more specifically to African Americans. Liberians also celebrate many of the same holidays including Christmas, Easter, New Year's Day, and Thanksgiving, often with Liberian traditions incorporated.

A custom unique to Liberians and American Liberians is the "snapshake" greeting, a greeting which originated in the 1800s as a sign of freedom among former slaves. The custom was derived from the practice of slave owners who would break the middle finger of a slave's hand to indicate bondage. When shaking hands, you grasp the middle finger of the other person's right hand between your thumb and ring (third) finger, and bring it up quickly with a snap.

Liberia is known as the home of the carved wooden classical African mask. The artistic ability of its wood carvers



is widely recognized. Many ceremonial masks are commissioned by the secret Poro and Sande men's societies for use in initiation rituals. The Dan group is noted for masks representing spirits of

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the forest, and for large spoons carved with the features of humans and animals. Liberians also create musical instruments and drums made from wood, animal skins, raffia, and gourds.

Liberians have a long, rich history in textile arts and quilting. Since nearly all of the ethnic languages of Liberia are oral rather than written, there is very little traditional Liberian literature.

Both Americo-Liberians and indigenous peoples of Liberia are highly patriarchal, with women serving as homemakers and mothers. In Liberia, a high value is placed on women as agricultural workers and childbearers. This is evident in the institution of bride-wealth, payment made by a groom to the kin of the bride. Marriage is viewed as an ongoing process, with bride-wealth payments made over many years. In Liberia, formal Western educational institutions originated with mission schools whose primary aim was conversion to Christianity. Access to education at the University of Liberia was limited, especially for indigenous people, until the 1960s when many children received foreign scholarships to attend school in Europe and the U.S. In Minnesota, nearly 40 percent of Liberians are employed in nursing homes, as registered nurses, licensed practical nurses, and certified nursing assistants.



Religion

According to a 2008 national census, 85.5 percent of the population in Liberia practices Christianity. The remainder of the population are Muslim or practice traditional indigenous religions. Practitioners of many indigenous religions may recognize the practice of polygamy and witchcraft. Many people combine elements from Christianity, Islam, and indigenous religions.

Diet

Traditionally, Liberians eat a healthy diet mainly consisting of rice, fish or meat, greens, and other vegetables. Rather than being the main part of the meal, meat or fish is usually a supplement to the meal. Rice is often served with breakfast, lunch, and dinner. Typical Liberian dishes may incorporate eggplant, okra, cassava, and plantains, as well as coconut, peanuts, bananas, mangoes, citrus fruits, and sugarcane. Stews and soups are spiced with



Goat soup is considered the national soup. Meals are often accompanied by fufu, a thick paste made with fermented cassava. Cassava leaves or potato greens are mashed or chopped (to a consistency of cooked spinach) with pepper and onion and are often boiled with beef or chicken and served with rice. Favorite meals include pigs' feet with bacon and cabbage, fish with sweet potato leaves, shrimp and palm nuts, and a combina-

tion of rice and platto leaves or okra called check rice. Favorite desserts include coconut, peanut cookies, and sweet potato or pumpkin pie, and a sweet bread made from rice and bananas.

Preferred drinks are homemade ginger beer, palm wine, and Liberian coffee.

Medical Care

Liberian Americans often combine both Western and indigenous health care practices and treatments in their daily lives. In Liberia, a widespread belief held by many is that illness and death are caused by the evil intentions of other people. This belief has led to many court hearings of witchcraft cases. Major health concerns for Liberian Americans who have lived in this country for ten or twenty years are related to hypertension, diabetes mellitus Type 2, high cholesterol levels, stroke, and heart disease. Physicians suggest the increased risk is due to a less healthy diet with less fiber and more fat and less exercise than they received in Liberia.

A secondary health concern is the risk of infections for Liberians who travel regularly to and from Liberia. According to the World Health Organization, infectious diseases in Liberia, including yellow fever, lassa fever, malaria, typhoid, polio, tuberculosis, and diarrhea, are widespread. In 2009, life expectancy in Liberia was estimated at 58 years and the maternal mortality rate was nearly 1 out of 100 births. In 2007, 20.4 percent of children under the age of five were malnourished. The civil wars destroyed nearly 95 percent of the

Liberians in Minnesota

country's health care facilities, medical infrastructure, as well as the country's electrical and sanitation facilities, creating a void for medical services. In 2008, Liberia had only one doctor and 27 nurses per 100,000 people. World Health Organization, <http://www.who.int/gho/countries/lbr.pdf>

Also of great concern for thousands of Liberians living in the U.S. and in Liberia is undiagnosed post traumatic stress disorder. Civil war victims and aggressors both suffer from PTSD. War experiences have created an unrelenting mental health crisis for victims who still come into daily contact with some of the same people who tortured and raped them or tortured and killed their family members in Liberia.

End of Life

At end of life, individuals may be visited by clergy and prayed for by members of a religious congregation. Funerals are very important, are often elaborate, and may go on for days or weeks. A Liberian funeral is a time for both grief, since the departed will be missed by loved ones, and a time for joy, since it is believed the deceased has gone on to a better life among his or her ancestors. On the night before the funeral, a wake is held in the family home where the extended family and friends of the deceased gather for a feast, with drinking, singing of spiritual songs, and often a Liberian drummer. The purpose of the wake is to be jovial, to console the immediate family, and to wipe away the grief.

Sources

- Centers for Diseases Control and Prevention, Emerging Infectious Diseases, http://wwwnc.cdc.gov/eid/article/16/6/10-0040_article.htm
- Countries and Their Culture, Liberian Americans, Liberian Americans - History, Modern era, The first liberians in america <http://www.everyculture.com/multi/Le-Pa/Liberian-Americans.html#ixzz1gS9JLWv6>; Liberian Americans - History, Modern era, The first liberians in america, <http://www.everyculture.com/multi/Le-Pa/Liberian-Americans.html#ixzz1gSGvYOM4>
- Ethnic Capital and Minnesota's Future, People of Liberian Origin in Minnesota, <http://www.ethnictrends.info/pdfs/EthnicCapitalLiberians.pdf>
- Minnesota Department of Health, <http://www.health.state.mn.us/macros/search/index.html?q=liberians&cx=001025453661958716519%3Aj2323tveixc&cof=FORID%3A10&ie=UTF-8>

Hepatitis B Virus (HBV) Status in Immigrant Populations

Chronic HBV infection is prevalent in Asia, Africa, Eastern Europe, the Middle East, and the Pacific basin. In these areas, HBV is transmitted at childbirth or in early childhood, and is distinct from adult-acquired infections. Adult-acquired infections are more commonly transmitted via sexual and injection-drug use and occur more often in the U.S. and Western Europe.

Although nearly all immigrants in Minnesota are tested for HBV, they do not receive their test results and have no documentation to show physicians. Alexander Levitan, MD, with the Minnesota Medical Association, recommends providing information cards for all who are tested and explaining its importance as a lifelong health record. He also urges physicians to determine the hepatitis status of all new immigrant patients and vaccinate

those who are negative regardless of age because they are likely to return to their native countries for visits and will be exposed to the HBV virus.

Morbidity and Mortality Report recommends screening for the following people for HBV status:

- Persons born in Asia, Africa, Eastern Europe, the Middle East, and Pacific basin
- U.S. born children of immigrants from these high-risk areas
- Household and sexual contacts of persons with HBV
- Persons who are immunosuppressed
- Past and current intravenous drug users
- Inmates of correctional facilities
- Men who have sex with men

Johns Hopkins Advanced Studies in Medicine, Vol. 9, No. 3. December 2009.

Teach-Back: What Does Your Patient Really Understand? Improving health through clear communication

The teach-back method of patient education validates patients' understanding of the information they receive from a health care provider, and allows providers to evaluate how well they communicated the information. Using this method, patients re-state to the provider in their own words what the provider has told them.

Research shows that only 50 percent of what we teach patients is retained. The Minnesota Health Literacy Partnership (MHLPP), www.healthliteracymn.org, has developed free training and presentation materials to help educate health care professionals about the

teach-back method and about the importance of health literacy in every-day contact with patients. Lack of patients' understanding about their health and health care treatment is directly related to extra hospital stays, longer hospital stays, increased



emergency department visits, medication errors, missed appointments, and a higher level

of illness, resulting in increased health care costs.

Teach-Back can work in any area where clarification is needed, such as explaining new medications and self-care techniques, obtaining informed consent, in care planning and procedure preparations, and in explaining discharge instructions. The MHLP Teach-Back Program includes a video, PowerPoint presentation, program guide, discussion ideas, and activities to enhance program effectiveness. The program provides a definition for teach-back and its purpose, the key elements for using teach-back correctly in a clinical setting, as well as tips for measuring outcomes and program effectiveness, presenting to adult learners, and securing leadership endorsement of the program.

See the Teach-Back [video](#) for examples of how this strategy can be used in the clinic setting.

Also available on the MHLP website is HeLP MN Seniors, a new health literacy program to empower and educate older adults.

[More >](#)

Resources

Refugee Childcare MicroEnterprise Development Project

For Iraqi, Bhutanese, Karen, and Somali Refugee Women

Funded by the Federal Office of Refugee Resettlement, Resources for Child Caring, CAPI, and the Hmong American Partnership, this development project offers refugee women the opportunity to receive training and learn skills needed to start their own child care business.

Iraqi, Bhutanese, Karen, and Somali refugee women receive health, safety, and child development training, as well as on-going in-home support and technical assistance. They also learn the small business skills that can enable them to work toward obtaining a family child care license, and receive \$3,000 in grant support to help establish a start-up child care business. For more information about this opportunity, contact Simran Aryal, simran.aryal@capiusa.org, 612-767-3695.

Culture Care Connection Online Resource Center

Produced by Stratis Health and funded by UCare, the Minnesota online learning and resource center supports health care providers and staff in their efforts to provide culturally competent care to their patients. It offers resources to help providers enhance culturally sensitive services and implement national Culturally and Linguistically Appropriate Services (CLAS) Standards. Look for information sheets on many of Minnesota's diverse populations.

[Visit www.CultureCareConnection.org](http://www.CultureCareConnection.org)>

Resources from Culturally and Linguistically Appropriate Services (CLAS)

Revised CLAS Standards to Be Released

In early 2012, the U.S. Office of Minority Health will release the revised National Standards for Culturally and Linguistically Appropriate Services (CLAS). The National CLAS Standards will be accompanied by a practical guidance document that will provide a blueprint for individuals and organizations to implement the Standards.

Cultural Competence Education

The following accredited [continuing education programs](#) based on the CLAS Standards' three themes are available on the Office of Minority Health's [Think Cultural Health](#) website.

- + A Physician's Practical Guide to Culturally Competent Care
- + Culturally Competent Nursing Care: A Cornerstone of Caring
- + Cultural Competency Curriculum for Disaster Preparedness and Crisis Response

Implementing Language Access Services Guide

A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations is available from the Office of Minority Health. This [guide](#) provides instruction on implementing language access services within a health care organization. E-learning programs for oral health providers and community health workers are under development. [More about CLAS offerings](#)>

Events

Patient Safety Awareness Week: Be Aware for Safe Care March 4-10, 2012

Patient Safety Awareness Week is an annual, National Patient Safety Foundation (NPSF) education and awareness campaign. Each year, health care organizations take part in the event by displaying the NPSF campaign logo and promotional materials within their organizations, and providing educational resources to hospital staff.

This year's theme, Be Aware for Safe Care, stresses how important it is for every member of a health care team, including patients, to be aware of health care safety, and to participate in efforts to keep patients everywhere safe from medical harm. [More>](#)

National Council on Interpreting in Health Care (NCIHC) Annual Membership Meeting May 31-June 1, 2012

"Interpreting for the Whole Person: Mental Health Interpreting across the Spectrum" is the theme for the NCIHC meeting in Madison, Wisconsin. The NCIHC is a multi-disciplinary organization based in the U.S. whose mission is to promote and enhance language access in health care.

Prior to the meeting, there will be a hosted visit to the interpreter department at the University of Wisconsin Hospital on May 30 at 1:00 p.m.

[More>](#)

Ongoing Programs

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

Minnesota Community Health Worker Peer Network. Fourth Tuesday of every month, 1:00 - 3:00 p.m., North Point Health and Wellness Center. <http://www.wellshareinternational.org/chwpeernetwork>

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

Chinese Senior Program. Last Saturday of every month, 11:00 a.m.-2:00 p.m., China Place Bldg., St. Paul. Email the Chinese Social Services Center, yiliyou@msn.com.

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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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