



CULTURE CARE CONNECTION

www.culturecareconnection.org

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

Winter 2011

Funded by 

Add Your Name to the Culture Care Connection Speakers Listing

Stratis Health is developing a Culture Care Connection Speakers Listing to unite Minnesota health care organizations with Minnesota-based speakers who have a specific cultural knowledge and expertise in areas, such as specific cultures, cultural competence, race, ethnicity, language, and the national Culturally and Linguistically Appropriate Services (CLAS) standards.

We plan to post the initial listing to the Culture Care Connection Web site, www.culturecareconnection.org, in Fall 2011, with updates posted quarterly or as needed.

To be placed on the list, click on: <http://guest.cvent.com/d/3dq86> and enter the required information. You will be contacted by a Stratis Health representative to confirm receipt of your information and to determine if basic criteria have been met.

We encourage you to forward information about this opportunity to others who may be interested in sharing their knowledge.

Placing your name on the list indicates that you are willing to provide educational presentations to interested parties. Organizations will contact

potential speakers and work with them directly to determine presentation needs, travel, reimbursement, honorarium, and other logistical details.

Individuals and organizations who contact speakers on the list will be encouraged to check references and complete a due diligence process before contracting with any speaker listed.

The Speakers Listing, administered by Stratis Health, is intended as a resource for Minnesota health care organizations. Stratis Health does not endorse the speakers on the list nor the content of their presentations, nor is Stratis Health responsible for misrepresentation by speakers.

For additional information about this opportunity, contact Stratis Health Program Manager Mary Beth Dahl, mdahl@stratishealth.org, 952-853-8546.



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Somali Muslim Culture and Vaccines

Porcine gelatin is a protein used in some vaccines to keep them stable and maintain their effectiveness. Patients whose cultures do not handle or eat pork, such as Somali Muslims, may not want these vaccines. Talk with Somali leaders in your community to better understand the health care needs and preferences of your Somali Muslim patients. [See video clip >](#)

Culture Care Focus: Mexican Americans in Minnesota

In 2009, the U.S. Census Bureau's American Community Survey reported 30,746,000 Mexicans in the U.S., compared to 46,822,000 Hispanics/Latinos overall.

Hispanics/Latinos accounted for 16 percent of the U.S. population and 47 percent of immigrants in the U.S., with 29 percent naturalized citizens. Mexicans comprised 30 percent of foreign-born residents in 2009. According to the Pew Hispanic Center, 11.2 million unauthorized immigrants lived in the U.S. in March 2010, with Mexicans comprising the largest group.

Minnesota had 41,600 foreign-born Mexican residents, representing 16 percent of Minnesota's total foreign-born population of 260,000, or 0.8 percent of the total population according to the 2000 Census. This population increased dramatically from 54,000 in 1990 to nearly 144,000 in 2000, an increase that can be attributed to immigration from Mexico, migration from the southwest, and high birth rates. (When 2010 Census data for Minnesota is available, these statistics will be updated.)

Mexican Americans have lived in Minnesota since the early 1900s. Migration to Minnesota resulted from a variety of factors, including Mexico's 1907 economic depression, the Mexican Revolution, and discrimination against Mexicans in the southwestern U.S.

Demand for low-wage labor following World Wars I and II, and the Immigration Acts of 1917 and 1921, which limited immigration from

southeastern Europe also contributed to the influx of Mexicans to Minnesota. Mexicans were recruited as low-wage laborers for the railroad and for the sugar beet, food processing, and meat packing industries.

Mexican communities developed in rural and urban areas across Minnesota, such as in the Red River valley in northwestern Minnesota, Willmar, Chaska, Glencoe, Owatonna, Faribault, Northfield, and Worthington. Minneapolis and St. Paul have the highest populations of Mexicans in Minnesota, with established communities on St. Paul's west side



and in north and south Minneapolis. These communities have hundreds of Mexican businesses, more than 25 churches offering services in Spanish, 10 Spanish-language newspapers, and 10 Mexican soccer leagues. For years, St. Paul was home to the largest Mexican population in Minnesota, however, in 2000, the Mexican population of 29,000 in Minneapolis, centered along Lake Street and Nicollet Avenue, surpassed St. Paul's population of 23,000.

Culture

Mexico has more than 60 living languages. Most recent arrivals to

Minnesota come from central and southern Mexico. Although many Mexicans in Minnesota speak Spanish and English, they may not be able to read or write either language.

Traditional Mexican families are intergenerational, including grandparents, aunts, uncles, cousins, godmothers, and godfathers. Children are highly valued and elders are respected and cared for. In a traditional Mexican home, the man is the head of the household. However, in the U.S., acculturation, assimilation, and separation of family members have changed family roles.

Many Mexicans are Roman Catholic Christians, who attend church regularly, pray to God, Jesus, the Virgin Mary, and saints. They light candles, observe baptisms and confirmations, maintain home shrines, and may visit shrines throughout Mexico. Some Mexicans in Minnesota have converted to protestant religions. Traditional men may view religious practices as a preoccupation of women.

Most Mexicans migrated to the U.S. for jobs, and regularly send money home to support family in Mexico. American dollars make up the largest part of Mexico's gross national product. Nearly half of Mexican-born residents in the U.S. are employed, primarily in construction and service industries.

In 2005, Mexico opened a [consulate](#) in St. Paul to provide Mexicans in Minnesota with an identification card, the *matricula consular*, a document that helps people without other identification get a bank account or home mortgage, and send money home to

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Mexico. The matricula consular does not help obtain a driver's license, which requires a social security card. The office also provides referrals to all Spanish-speaking residents for health and medical needs, preventive screenings, and low-cost health insurance.

Diet

Traditional Mexican food is often a soup or meat and vegetable stew served with corn tortillas, rice, and pinto beans. Tamales, made of seasoned chopped meat and crushed peppers, wrapped in cornhusks spread with masa (a corn dough), and steamed often took an entire day to make. Mexican chocolate is used to make a mole sauce that is served over meat. Until the 1960s, many ingredients for traditional Mexican meals, such as chiles, tomatillos, cumin, and cilantro were not available in Minnesota.

Traditional Mexicans may believe in balancing hot and cold foods for good health. Hot foods may include chocolate, eggs, oil, red meat, chilies, and onions. Cold foods include fresh



vegetables, fruits, dairy, fish, chicken, and fresh-fruit coolers made with tamarind, cantaloupe, or watermelon.

Many assimilated Mexicans in the U.S. have replaced traditional meals with fast food, contributing to an increase in obesity, diabetes, and hypertension in this population. Their diet tends to be



low in fruits and vegetables and high in flour tortillas, white rice, and processed foods.

Over consumption of alcohol is also a health consideration. In addition, Mexicans in the U.S. do not get as much exercise as they did in Mexico.

Health Care

In 1969, the East Side Community Health Services (La Clinica) in St. Paul opened to provide health services to working-class, Spanish-speaking clients. Centro de Salud opened shortly thereafter in south Minneapolis and was renamed Centro in 1999. The clinics helped to fill the void in health services for this population, using nurses and volunteer doctors to keep costs down as much as possible.

In 1972, the Centro Cultural Chicano (renamed Centro) social service agency was formed in Minneapolis, followed by a similar agency, Chicanos Latinos Unidos en Servicio (CLUES), in St. Paul. These agencies relied on grants from foundations and the government for support. By 2000, the uninsured rate for Hispanics/Latinos in the state was 27 percent, compared with only 5 percent for all residents.

According to the Centers for Disease Control and Prevention, common

health problems for Mexicans in the U.S. are diabetes, hypertension, obesity, HIV/AIDS, preventable cancers, and trauma from domestic abuse and gun violence.

Diabetes is twice as prevalent in the Mexican population as in the white population. More than 64 percent of Mexican-American men and 66 percent of Mexican-American women are considered

to be overweight or obese, compared to 61 percent of white men and 49 percent of white women. Childhood obesity is of particular concern.

Studies show that the incidence of cervical cancer in Hispanic women is double that of white women, and half as many Hispanics as whites were likely to be immunized for influenza and pneumonia.

The health of people from Mexico is often related to socio-economic and demographic conditions, genetic factors, and cultural values. When seeing a Mexican patient, health care providers are encouraged to consider such issues as access to care and health insurance, occupational hazards for agricultural workers (pesticide poisoning, heat-related conditions, and musculoskeletal disorders), and cultural values that influence decision making:

- + strong influence of the male and family
- + belief in female virtues
- + expectation that the patient should be passive and allow family members to provide care

Mexicans may consult folk healers or spiritualists, especially if they lack

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health insurance. Some believe in preserving health by balancing hot and cold foods. Providers are encouraged to become aware of herbal remedies, folklore, and spiritual practices that could delay, compromise, or complement treatment. Cultural beliefs in the causes of illness may include folk syndromes, such as intestinal blockage (empacho) and the concepts of the evil eye (mal de ojo) and fright (susto).

Friendliness and treating others with respect is important in the Mexican community. Acknowledge the patient's arrival and offer them a seat. Address patients by their preferred name, such as Mr. or Señor, Mrs. or Señora, Miss or Señorita. Mexican patients are often polite, tactful, and may be indirect with providers. They may avoid



sustained eye contact with authority figures and the opposite gender.

Mexicans are often modest and may prefer a clinician of the same gender. Friendly physical contact, such as touching the shoulder or arm, is appropriate between a clinician and patient of the same gender. A loud or confrontational tone is considered to be rude, and may discourage treatment follow-through.

Explain to patients why you use trained medical interpreters, not family members. Never use children as interpreters. If possible, interpreters

should understand regional differences in language, be the same gender and age of the patient.

Try to establish a relationship with the family before care begins and be receptive to family suggestions. Patients may prefer the family to be involved in serious discussions about disease or terminal illness. Males are typically the head of the household in the older generation, and often answer questions and sign papers. When treating a female patient, listen to male family members, but try to direct questions to the patient herself, explaining the importance of hearing from the patient about her illness.

Ask patients what they believe caused their illness, and explain the medical cause. They may not agree about what caused the illness. Ask patients if they use home remedies and assess the safety of the remedies they use.

Educate patients about the importance of diet, exercise, mammograms, and pap smears. Depending on their level of acculturation, they may consider changing their eating, exercise, and smoking habits. Many Mexicans may not believe in the value of health promotion and prevention, believing that life is in God's hands. Women who do not have access to health care or insurance may seek childbirth care from doulas and midwives. Mental illness is often stigmatized and not considered appropriate for conversation.

Ask patients to repeat back health information to ensure understanding, and repeat information and offer reassurance frequently during long procedures. Provide patients with written educational materials with

pictures or a video in Spanish. Consent forms should be written in Spanish at a fifth-grade reading level. Undocumented immigrants may be suspicious of any type of written consent, fearing that they may be signing away their rights and will be deported.

Explain how to navigate your health facility and assist in scheduling appointments and arranging for transportation. Tactfully explain why being on time for visits is important and affects other patients.

End of Life

Many Mexicans believe that death is at God's will. They believe in heaven and may see death as a release from the troubles of life and passage to a better life. Roman Catholics may request a visit by a priest to anoint the sick. Rosary beads and religious medallions are often kept near the patient.

If a patient dies before the priest arrives, a sacrament still takes place before the body is removed. Families may consult a senior male or female, or one who is most educated or influential in the community when deciding on treatment and making end of life decisions.

Family members may request to see the body and help prepare it for burial. Traditional persons may observe nine days of prayer following death. Some patients, especially the elderly, wish to die at home, believing that the spirit may be lost at the hospital.



Culture Care Connection Web Site Wins 2010 MHSCN Beacon Award

Stratis Health's Culture Care Connection Web site—

www.culturecareconnection.org,

won a 2010 Beacon award for excellence in health care marketing from the Minnesota Health Strategy and Communications Network. Entries were evaluated by industry peers from the Tennessee Society for Healthcare Marketing and Public Relations.

Produced by Stratis Health and funded by UCare, the Minnesota-focused online learning and resource center supports health care providers and staff in their efforts to provide culturally competent care to their patients.

The site offers resources to help providers enhance culturally sensitive services and implement national Culturally and Linguistically Appropriate Services (CLAS) Standards.

Link your organization's site to Culture Care Connection, www.culturecareconnection.org

Many Faces of Community Health Celebrates Its Fifth Conference

MFCH's 2010 Conference celebrated its fifth year by exploring the "roots and redesign" of community health centers.

Keynote speaker Dr. John W. Hatch, Kenan Professor Emeritus of Health Education, University of North Carolina-Chapel Hill, recounted his experiences helping to launch the nation's first community health centers in Boston and rural Mississippi during the 1960s. An active participant in the national War on Poverty, he emphasized the importance of community connections and citizen participation in creating local health centers that could provide effective care in the community.

As a community organizer and health educator who trained lay people to be health resources in their communities, Dr. Hatch has a history of commitment to improving health care for underserved populations. As the grandson of four slaves, it was natural for him to go out into the fields to pick cotton with community members to empower and mobilize people at the grass roots level.

In the session on Redesigning the Health Care System, Dr. Maureen Reed led a lively discussion of health care experts on the new federal health care reform law and its impact on underserved populations and the delivery of care for safety net providers in Minnesota.

Sessions also featured topics, such as Federally Qualified Health Centers

and the Accountable Care Act, creating a medical home in Indian country, preventing prenatal alcohol use, community health workers, as well as a workshop on the diagnosis and treatment of HIV/AIDS.

A session provided by the SoLaHmo Partnership for Health and Wellness described its efforts to maximize the cultural strengths of Somali, Latino, and Hmong communities in order to promote health and wellness and address health disparities.

Its current projects focus on increasing Somali women's awareness and education about HIV and AIDS, raising awareness of intimate partner violence and community resources in the Hmong community, and improving nutrition and physical activity among Latino youth. [More>](#)



Plan to attend next year's conference on October 26-28, 2011, at the Hilton Minneapolis/St. Paul, near the Airport and Mall of America. [More>](#)

Resources

- **Diversity RX Health Literacy Universal Precautions Toolkit Available**

The Agency for Healthcare Research and Quality recently published the [Health Literacy Universal Precautions Toolkit](#). The toolkit is based on the principles of universal precautions—specific actions that providers can take to make health information more understandable for all patients. It is designed to be used by all levels of staff in practices providing primary care.

- **ECHO TV Season 6 DVDs**

The Emergency and Community Health Outreach mission is to bridge the communication gap for immigrants and refugees in Minnesota. ECHO offers DVDs of 12 programs in seven languages (English, Hmong, Khmer, Lao, Somali, Spanish, and Vietnamese) on topics such as affordable housing, understanding vaccines, childhood hearing loss, and more. One DVD in each language is free of charge. [More >](#)

- **EthnoMed Web Site**

[EthnoMed](#) contains information about cultural beliefs, medical issues and related topics pertinent to the health care of immigrants.

- **Joint Commission Study: Facts about Hospitals, Language, and Culture, A Snapshot of the Nation**

The Joint Commission has published a cross-sectional [qualitative study](#) on how 60 hospitals

provide health care to culturally and linguistically diverse patient populations. Hospitals describe how they address challenges and offer promising practices that can be replicated by other organizations.

- **MDH Spoken Language Health Care Interpreter Roster**

The Minnesota Department of Health's [interpreter roster](#) lists spoken languages and persons who interpret those languages. A search tool links languages and interpreters to health care subject areas and specialty settings in which the interpreter has work experience. Currently, no qualifications are required to be listed.

- **Minnesota Hospice and Palliative Care**

Minnesota Hospice and Palliative Care promotes quality of life and provides comfort, pain, and end of life care for individuals with chronic or life-threatening conditions.

Staff members help patients and caregivers cope with the practical, emotional, and spiritual concerns of a serious illness, as well as communicating with health care providers and navigating the health care system. The organization also offers translated materials in Hmong, Somali, and Spanish.

More information: 651-659-0423, info@hospicemn.org, www.hospicemn.org.

Sign Up to Receive Culture Care Connection Newsletter

Do you know someone who would like to receive *Culture Care Connection*?

Our quarterly newsletter provides information about specific ethnic and multicultural populations, health issues unique to those populations, and recommendations for working with, treating, and communicating with patients from underserved ethnically and racially diverse populations.

To sign up for Culture Care Connection, contact Mary Montury, 952-853-8541, mmontury@stratishealth.org.

Events

Cancer Summit 2011: Looking Forward During Changing Times March 24, Bloomington, MN

The Minnesota Cancer Alliance Summit will launch Cancer Plan Minnesota 2011-2016.

Intended for community members, nonprofit organizations, health systems, and alliance members, the conference will present future plans for member participation in the light of health care reform and reduced funding. [More >](#) [Register >](#)

[CATCH training](#), a session provided March 23-24, offers skills development in data advocacy, policy advocacy, communications, and cancer health data to advocates and leaders of the Asian American, Native Hawaiian, and Pacific Islander communities.

Minnesota Coalition for Adult Immunization Conference April 8, Chaska, MN

The Minnesota Collaborative for Adult Immunization (MCAI) annual conference promotes strategies to increase adult immunization, particularly influenza and pneumococcal disease.

MCAI members include Stratis Health, the Immunization Action Coalition, Mayo Clinic, Metropolitan Visiting Nurses Association, Minneapolis Veteran's Affairs Medical Center, Minnesota chapter of the American Lung Association, Minnesota Department of Health, health plans, and local health departments. For more information, contact Mari Drake, maridrake@comcast.net

Minnesota Ambulatory Surgery Center Association Annual Education Conference, April 14-15, Minnetonka, MN

[More >](#)

Bridging the Transition to Life after Cancer Treatment - Cancer Survivorship April 29-30, Bloomington, MN

This [conference](#) will focus on helping patients bridge the transition from active patient care to life beyond treatment. Ideal for oncologists, primary care physicians, mid-level practitioners, nurses, social workers, physical therapists, medical/graduate students, dietitians, and allied health professionals.

Topics will include consequences of treatment (e.g., effects on growth and development); differences in survivorship outcomes by gender, ethnicity, and socioeconomic status; social consequences of cancer on survivors; and recommendations for secondary prevention. [Register >](#)

14th Annual ICSI/IHI Colloquium: Thriving in an Era of Health Care Reform May 16-18, St. Paul, MN

Experts will address topics on advancing accountability, affordability, the patient experience, accountable care organizations, and using social media to manage disease. The conference will offer sessions in three tracks: quality and safety, leadership and accountability, and patient engagement/consumer experience, as well as preconference workshops. [More >](#)



Patient Safety Awareness Week March 6-12

Patient Safety Awareness Week, led by the National Patient Safety Foundation (NPSF), is an annual education and awareness-building campaign for health care safety.

Each year, organizations participate in this program by displaying the NPSF campaign logo and promotional materials within their facilities and providing educational toolkits to staff. [More >](#)

Events

Minnesota Stroke Conference June 13, St. Paul, MN

[Conference](#) topics will include ischemic stroke in the ER; current issues in TIA management; secondary prevention and stroke rehabilitation, statewide acute stroke system development, and hospital quality improvement initiatives.

The keynote speaker will be David Larson, MD, Chair, Emergency Department, Ridgeview Medical Center and Chaska 212 Medical Center.



7th Annual Minnesota e-Health Summit: Accelerating e-Health Across the Continuum of Care June 15-16 Brooklyn Park, MN

As co-sponsors of this year's [summit](#), Stratis Health and the Regional Extension Center for HIT (REACH) encourage you to attend the two-day event. Registration opens April 18.

Minnesota Rural Health Conference 2011: Cornerstones of Rural Health June 27-28, Duluth, MN

Submit a nomination to recognize excellence in Minnesota rural health care. Each year the Minnesota Rural Health Conference honors one outstanding individual and one team that goes above and beyond. This year nominations are due May 4. Awards will be presented during the awards luncheon on June 28.

For more information, contact Minnesota Rural Health Conference at 218-727-9390 or rhrc@ruralcenter.org. [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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