Trumbull County Combined Health District
2017 Cultural and Linguistic Appropriate Services CLAS

The Need for Culturally Competent Health Care Providers

Ohio's minority population has continued to grow over the past years. In 2015, almost 20 percent (more than 2 million) of the people in the State of Ohio are ethnically diverse.

With the face of Ohio continuing to diversify, the role of culture and its effect on the needs of clients/consumers in the health care world becomes increasingly important. In our quest to provide our communities with the highest quality services, we must have a heightened understanding of how beliefs and traditions related to culture or ethnic identity can affect a client/consumer's attitude toward health care. These cultural beliefs and traditions can affect attitudes about food, gender roles, folk healing methods, appropriate methods of disciplining children and the definition of family.[2]

Cultural competence is the ability to adapt service delivery to meet the diverse needs of the communities that we serve. The first step in successfully adapting service is recognizing that our own values may conflict or be inconsistent with those of other cultural or ethnic groups. Knowing the cultural makeup of communities is undoubtedly important, but simply not enough. Appropriate cultural competence training and policies give staff, at all levels, the knowledge and the ability to treat the diverse populations.

Cultural competence is a set of behaviors, attitudes and policies aimed at bridging linguistic and cultural gaps between clients/consumers and agency providers. When attempts are made to successfully bridge these gaps, improved health care outcomes are expected. Increased understanding on the part of the provider will allow for more specific and complete information to be obtained from the client/consumer that will in turn lead to improved health outcomes. Client/consumers who are able to successfully communicate with their service provider will be more likely to comply with expected outcomes.[3]

Enclosed you will find the following:

- Tips for improving the client/patient relationship across cultures.
- A self-assessment based on the National Standards for Culturally and Linguistically Appropriate Services in Health Care compiled by the U.S. Department of Health and Human Services Office of Minority Health.

The purpose of this assessment is to aid you in determining your agency's strengths and weaknesses in providing culturally and linguistically appropriate health services. This instrument may also aid you in identifying ways that the Ohio Department of Health can assist your agency in its efforts to bridge gaps between patients/consumers and caregivers.

Trumbull County Demographics

Trumbull County is 618 square miles with approximately 340 people per square mile. According to the most recent census data, Trumbull County has an estimated population of 205,175. It is made up of 88.8% White, 8.6% African American, 0.2% American Indian and Alaska Native, 0.5% Asian, 1.6% Hispanic, 1.8% two or more races, and 87.7% White alone, not Hispanic. Approximately 1.6 % of residents are foreign born and 5% live in a home where a language other than English is spoken. Trumbull County is mostly a rural community in Ohio and is part of the Appalachian region. In Trumbull County, the median age of residents is 43 years of age, 17.4% of the residents live in poverty, 24,767 homes have a household member under the age of 18 years, 13.4% of households are single female with children, and 23, 328 homes have a member 65 years or older. There are 30,057 people classified as disabled with 2080 of the disabled age 18 years or younger and 12,394 of disabled 65 years or older. According to the most recent statistics found, Trumbull County has 215 homeless people, although this number is probably much higher. In addition, Ohio has the largest Amish population in the United States with 5.2% of that population residing in Trumbull County. They are mostly concentrated in the village of Mesopotamia with 682 households and a median income of $34,000. Trumbull County Major business and industry include: Walmart, General Motors, Valley Care, Giant Eagle, Mercy Health Services, Sears / Kmart, Trumbull County Government, Warren City Schools and Alorica Corporation. According to Department of Job and Family Services data, the unemployment rate for Trumbull County has risen from 5.9% in 1998 to 10.8% in 2010. The latest statistic from DJFS is 7% in 2015. Warren City, which is the seat of Trumbull County, has an unemployment rate of 5.2%; compared to the national average of 5.5%. Source: U.S. Census Bureau 2010-2015; County Health Rankings 2013-2016 and American Fact Finder.

National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS)

In 1997, the U.S. Department of Health and Human Services Office of Minority Health initiated a project to develop recommended national CLAS standards that would support a more consistent and comprehensive approach to cultural/linguistic competence in health care. The CLAS standards reflect input from a broad range of stakeholders including hospitals, community-based clinics, managed care organizations, physicians, nurses and other providers, state and federal agencies, accreditation and credentialing agencies, educators, patient advocates, advocacy groups and consumers.

The following self-assessment is based on the 14 national CLAS standards published in the OMH CLAS final report in March 2001.

CLAS Standards Self-Assessment
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Self-Assessment of Culturally and Linguistically Appropriate Services

Standard #1: <u>Understandable and Respectful Care</u>

Respectful care is taking into consideration the values, preferences and expressed needs of the patient/consumer (e.g., folk and religious beliefs influence a family's reaction and approach to health care; influence disciplining children; expectations for children acquiring self-help skills; attitudes toward food; definition of "family and gender roles;" sexual orientation; age/life cycle factors). Attitudes about health care are often transmitted from generation to generation.

Cultural competence is being able to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence and treatment efficacy. It is important to be aware of alternative healing methods such as folk healers, folk methods and alternative therapies (acupuncture, acupressure, massage, nerve stimulation, vibration, therapeutic touch).

<u>Does your agency provide understandable and respectful care?</u>

1. How has your agency integrated understandable and respectful care into patient encounters?

   Trumbull County Combined Health District (TCCHD) provides clients with privacy and do initial interviews and assessments 1:1 with the provider. Staff is aware of the necessity of providing linguistically appropriate materials for clients, as well as accommodating vision, hearing or learning impaired clients.

2. What training does your agency's staff receive in identifying and responding to health care beliefs?

   - ***Staff attend a seminar or educational opportunity with the focus on cultural awareness, cultural diversity annually.***
   - ***We also have speakers at our staff meetings who have a different cultural background.***
   - ***The health department Strategic Plan and Cultural Diversity Statement are on the web site, public comment is asked for on the home page. Annually, the staff participates in a CLAS Assessment review.***
   - ***The staff is required to complete a cultural diversity training annually and provide a certificate.***
   - ***All clinical and home visiting staff attends "Bridges out Of Poverty" training when available and offered.***

3. What resources would help your agency to achieve this standard (funds, training, etc.)?

   Funding.

Standard #2: <u>Diverse Staff and Leadership</u>

A diverse staff is one that is representative of the diverse demographic population of the service area and includes the leadership of the organization as well as its governing boards, clinicians and administrative personnel.

Building staff that adequately mirrors the diversity of the patient/consumer population should be based on continual assessment of staff demographics as well as demographic data from the community. Staff refers not only to personnel employed by the health care organization but also its subcontracted and affiliated personnel. Examples of the types of staff members whose backgrounds should reflect the community's diversity include clinical staff, support staff, clergy and lay volunteers and high-level decision makers.

Organizations should encourage the retention of diverse staff by fostering a culture of responsiveness toward the ideas and challenges that a culturally diverse staff offers.

<u>Does your agency have a diverse staff (administrative and clinical)?</u>

1. What percentage of your staff (clinical, support, administrative, volunteers) is multicultural and/or multilingual?

   Multicultural – 3%
   Multilingual - 0%
   Both - 0%

2. Does staff diversity reflect the diversity of the service area?

   The majority (88.8%) of the county population is Caucasian. Approximately 8.6% of the population is African Americans, 4.1% others including Hispanics, Asians, American Indian, Alaska Native, and two or more races. We also have a population of Amish (10,735) that we serve but are not reflected with our staff.

   TCCHD staff does not currently reflect the diversity of our area, but we are an equal opportunity employer.

3. What resources would help your agency to achieve this standard (funds, training, etc.)?

   Funding.

Standard #3: Ongoing Education and Training

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Budgetary expenditures should be allocated each year to the development of cultural competence as well as the development of job descriptions of staff working with culturally diverse patients. Training objectives should be tailored for relevance to the particular functions of the trainees and the needs of the specific populations served.

Do staff members participate in ongoing cultural competence education and training?

1. What percentage of the following staff has participated in cultural competency training?

   Administrative Staff - 100%
   Home Visiting and Nursing Staff - 100%
   Environmental Staff – 100%
   Planned Parenthood OIMRI Staff - 100%

2. What percentage of staff (both administrative and clinical) is required to attend ongoing cultural competency training?

   100%

3. How do you address cultural competency in your training and orientation for new staff members? *Please attach copies of any orientation materials related to cultural competence.*

   Cultural diversity is part of our agency Mission Statement and Strategic Plan. These are re-assessed and updated every five years to align with ongoing Public Health assessments. New employees are given a copy of these upon employment.

   The CLAS Assessment is reviewed / completed annually by all staff and is part of the orientation check-list.

4. What resources would help your agency to achieve this standard (funds, training, etc.)?

   Funding and training.

Standard #4: Language Assistance Services

Language assistance services are the availability of bilingual staff who can communicate directly with patients/consumers in their preferred language (first preference); face-to-face interpretation provided by trained staff or volunteer interpreters (next preference); telephone interpreter services should be used as supplemental system when an interpreter is needed

instantly or when services are needed in an unusual or infrequently encountered language. Limitations in English Proficiency (LEP) are not an indicator of the patient's/consumer's intelligence. The patient/consumer may/may not be literate in their language of origin or English.

Sample follow-up questions that indicate whether a patient understands specific information/instructions:

· How would you explain this information to your husband (wife, cousin)?
· Tell me what you know about…
· How would you know if (your blood sugar was low)?
· Show me how you would…
· What would you do if (you felt dizzy or shaky)?
· What have I forgotten to explain?
· What could I/this brochure/video/etc. have explained better?

Does your agency provide appropriate language assistance services?

1. What languages are spoken by your community?

   English is the primary language. There is a small amount of Spanish and Chinese also spoken. Pennsylvania German is spoken in the Amish community. The Amish also speak English.

2. What percentage of staff members are proficient in the languages of the community?

   100% English
   0% Spanish, Chinese, or Pennsylvania German

3. How many trained translators and interpreters are available?

   TCCHD have no trained translators or interpreters. We utilize Affordable Language Services, a telephone interpreter service. We can also use Google Translator. If a family member of the client is available and can interpret, we will use them. We use Youngstown Hearing and Speech for the hearing impaired, unless there is a family member who is able to sign.

4. What training certification(s) do the translators hold? *Please attach any* materials related to translation certification.

   Affordable Language Services are ISO 9001:2008 certified since 2010. Youngstown Hearing and Speech is a 501(c) 3 non-profit governed by a board of directors and is a United Way affiliate in Mahoning, Trumbull, and Northern Columbiana Counties.

5. What is your agency's policy regarding interpreter services?

Our policy is to provide interpreter services first, and only utilize the client's friends and/or family when the client makes the request. Often, this is the client's wish.

6. What resources would help your agency to achieve this standard (funds, training, etc.)?

   Funding.

Standard #5: <u>Right to Receive Language Assistance Services</u>

Health care organizations must provide to patients/consumers in their preferred language both verbal and written notices informing them of their right to receive language assistance services. At all points of contact, health care organizations should also distribute written notices with this information and post translated signage.

Some successful methods for informing patients/consumers about language assistance services include: using language identification or "I speak…" cards; posting and maintaining signs in regularly encountered languages at all points of entry; creating uniform procedures for timely and effective telephone communication between staff and LEP persons; including statements about the services available and the right to free language assistance services in appropriate non-English languages in brochures; booklets; outreach materials; and other materials that are routinely distributed to the public.

<u>Does your agency make patients/consumers aware of their right to receive language assistance services?</u>

1. What methods does your agency employ to make patients/consumers aware of their right to receive language assistance services?

   - ***Signs in regularly encountered languages are posted at building entrances and in client waiting areas.***

   - ***Uniform procedures for timely and effective interpretive services between staff and people who do not speak English or are hearing impaired. In other words, we will update our services to accommodate new languages and cultures as they are encountered.***

   - ***Statements in appropriate languages in brochures, booklets, outreach materials.***

   - ***Client intake records will assess primary language and culture.***

   - ***Brochures in multiple languages are accessible through the Centers for Disease Control (CDC) or the Ohio Department of Health (ODH) websites for many Public Health programs***

including: Public Health Emergency Preparedness; Immunizations; and Home Visiting Services; to name a few, and are obtained by our health department as needed. TCCHD food sanitarians hand out safe food handling sheets to restaurant owners in Mandarin or Cantonese for Asian speaking owners, and Spanish for Mexican speaking owners.

2. What resources would help your agency to achieve this standard (funds, training, etc.)?

   Training and funding.

Standard #6: <u>Competence of Language Assistance</u>

Linguistic competence is the capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences including LEP persons, those who have low literacy skills or are not literate and individuals with disabilities (e.g., impaired vision or hearing).

The organization must have policy, structures, practices, procedures and dedicated resources to support this capacity (National Center for Cultural Competence).
This is based on the percentage of consumers from diverse ethnic/racial groups served in their preferred language.

Health care organizations must assure the competence of language assistance provided to LEP patients/consumers by interpreters and bilingual staff.

Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

<u>Is your agency linguistically competent?</u>

1. How does your agency meet the needs of people of limited English proficiency?
   Low literacy skills/ not literate:

   TCCHD tries to assure that all material that we develop is appropriate for those with low literacy skills. Most materials obtained for our programs are already written at a third to fifth grade level. Our staff also will assist clients 1:1 to go over written information. The recent Home Visiting and Immunization Client Satisfaction Surveys were evaluated for the appropriate literacy level. If unable to read, the forms will be read to them.

   Primary language other than English:

   - ***Different Language - Use of Affordable Languages Services provided by our agency or use of a family or friend if client wishes.***

- ***Persons with disabilities (impaired vision or hearing):***
  - ***a. Hearing impaired/deaf: Use of Youngstown Hearing and Speech.***
  - ***b. If client is vision impaired - information will be read to the client***
  - ***c. Use of family or friend brought in by client.***

2. When staff identifies LEP persons, what is the policy/procedure for responding? Low-literacy skills/not literate:

   See #1

   Primary language other than English:

   See #1

   Persons with disabilities (impaired vision or hearing):

   See #1

3. What resources would help your agency to achieve this standard (funds, training, etc.)?

   Funding.

Standard #7: <u>Patient-Related Materials</u>

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups represented in the service area. Examples of relevant patient-related materials include: applications, consent forms and medical treatment instructions (consult the Office for Civil Rights guidance on Title VI on what is considered "vital" documents).Meaningful access is not limited to written translations. Written materials should never be used as a substitute for oral interpreters. Media resources should be screened for cultural and racial stereotypes.

<u>Does your agency make available easily understood patient-related materials that reflect the languages and cultures of the service area?</u>

1. Do your agency's patient-related materials reflect the languages and cultures represented in the service area? *Please attach your best example of patient-related material that reflects the languages and cultures of your agency's service area.*

   Yes.

2. What resources would help your agency to achieve this standard (funds, training, etc.)?

   Funding.

Standard #8: Written Strategic Plan

Health care organizations should develop, implement and promote a written strategic plan that outlines clear goals, policies, operational plans and management accountability /oversight mechanisms to provide culturally and linguistically appropriate services. The strategic plan should be developed with the participation of consumers, community and staff who can convey the needs and concerns of all communities and all parts of the organization affected by the strategy.

Does your agency have a written strategic plan for providing culturally and linguistically appropriate services?

1. Does your agency have a strategic plan related to cultural competency and defined steps for its integration at every level of organizational planning? *Please attach a copy of your agency's strategic plan related to cultural competency.*

   Strategic Plan (posted on website), does prioritize meeting the needs of the communities diversity, is reviewed every 5 years and updated as appropriate. It was updated in 2014. (Last review/update was 2008)

3. Who (staff, patients, community) is involved in the development of a strategic plan related to cultural competency?

   The TCCHD Strategic Plan was developed by both TCCHD staff and management. We surveyed the staff to assess their view of the current vision and mission of the TCCHD. This survey was sent out and returned to the Core Group in April 2014. The survey results were compiled and a Strategic Retreat was scheduled to discuss and conduct a SWOT analysis of the Mission / Vision of the TCCHD with all of our staff. From this retreat and the survey, TCCHD Strategic Plan was developed. It was board approved on August 27, 2014.

4. What methods does your agency use to evaluate cultural competency?

   TCCHD survey our clients twice a year for all of our programs. We use the results from the surveys (which include cultural competency questions) to evaluate how we are doing.

5. What resources would help your agency to achieve this standard (funds, training, etc.)?

   Funding and training.

Standard #9: Organizational Self-Assessments

Linking CLAS-related measures with routine quality and outcome efforts may help build the evidence base regarding the impact of CLAS interventions on access, patient satisfaction, quality and clinical outcomes. Patient/consumer and community surveys and other methods

of obtaining input are important components of organizational quality improvement activities.

Does your agency employ organizational self-assessments that include a measure of cultural and linguistic competence?

1. Is your agency currently conducting patient/consumer and/or community surveys as a means to evaluate cultural and linguistic competence? *Please attach a sample survey.*

   Yes.

2. What information/data does your agency use to evaluate progress related to cultural competency?

   We use analyzed data obtained from our client satisfaction surveys to evaluate our cultural competency.

3. What resources would help your agency to achieve this standard (funds, training, etc.)?

   Funding and training.

Standard #10: Patient/Consumer Data

Data on the individual patient's/consumer's race, ethnicity and spoken and written language should be collected in health records, integrated into the organization's management information systems and periodically updated. For health encounters that involve or require the presence of a legal parent or guardian who does not speak English, the management information system record and chart should document the language not only of the patient/consumer but also of the accompanying adult(s). No patient/consumer should be required to provide race, ethnicity or language information, nor be denied care or services if he or she chooses not to provide such information.

Does your agency routinely collect and update patient/consumer data related to culture and language?

1. Does your agency's information systems include patients' primary spoken language and identified ethnicity?

   Yes.

2. What methods are employed by your agency to collect and maintain information regarding patients' demographic data, including primary spoken language and identified ethnicity?

Intake forms used in all of our programs (Immunization Clinics; Communicable Disease Reports; TB Clinics; Home Visiting Programs; etc.) include basic demographic data e.g. language, race, ethnicity. Reports can be pulled from these forms.

3. How often is this information updated?

   Initially and as needed.

4. What information is currently collected regarding patient's primary spoken language and identified ethnicity?(please check all that apply).

   - ***Race***
   - ***Ethnicity***
   - ***Primary spoken language (some forms)***

5. What resources would help your agency to achieve this standard (funds, training, etc.)?

   Funding and training.

Standard #11: <u>Community Profile</u>

Health care organizations should involve the community in the design and implementation of the community profile (demographic, cultural and epidemiological) and needs assessment. A community needs assessment should include: percentage of cultures, age and gender, religions, refugees and immigrants, income distribution, unemployed, languages spoken and read, non-English speaking, fourth grade reading levels and types of alternative/ complementary services.

<u>Does your agency utilize community members in creating a community profile and needs assessment?</u>

1. Does your agency use a variety of methods to collect demographic, clinical and cultural data for groups in our service area? If so, please explain which methods are used.

   Demographic information on program forms and surveys

2. Who (community members, staff, local organizations) is involved in creating the community profile and needs assessment?

   TCCHD is the lead agency conducting a Community Health Assessment. We started this process in October 2013 and completed the assessment in March 2014 and it became board approved on August 27, 2014.

3. What is your agency's involvement in developing a complete, updated community needs assessment?

   TCCHD is the lead agency for the Trumbull County Community Health Assessment. We will update the assessment yearly with findings and data obtained from implemented program outcomes and local, state and national data.

4. What resources would help your agency to achieve this standard (funds, training, etc.)?

   Funding and time.

Standard #12: <u>Community Partnerships</u>

Health care organizations should develop participatory, collaborative partnerships with their communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities. Specific methods for obtaining community input include surveys, public meetings, focus groups, advisory committees, coalition building (e.g., parent-to-parent network).

<u>Does your agency develop community partnerships?</u>

1. How does your agency obtain community input concerning the needs of the cultural groups in our service area? If so, please explain methods used.

   We survey clients twice a year who utilize our services. We held two Strategic Retreats (October 2013 and March 2014) and engaged community stakeholders to develop the Trumbull County Community Health Assessment. TCCHD Nursing and Home Visiting staff attends many consortiums and meetings involving Trumbull County agencies and organizations who work with people and families of various cultural backgrounds.

2. What are your agency's strengths in obtaining community input?

   For the most part, clients and our agency partners trust us and give honest answers. We were able to recognize that we were only doing a superficial job and in 2013 and 2014 we engaged all of our community stakeholders in developing a comprehensive Trumbull County Community Health Assessment.

3. What are your agency's weaknesses in obtaining community input?

   One weakness is our inability to engage the community because we are not viewed as the health authority in the community.

4. What resources would help your agency to achieve this standard (funds, training, etc.)?

Funding, time, training, and staff.

Standard #13: Conflict/Grievance Resolution Processes

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing and resolving cross-cultural conflicts or complaints by patients/consumers. Ideally, this responsiveness may be achieved by integrating cultural sensitivity and staff diversity into existing complaint and grievance procedures as well as into policies, programs, offices or committees charged with responsibility for patient relations and legal or ethical issues.

Does your agency use conflict/grievance resolution processes that are culturally/ linguistically competent?

1. Please explain your agency's current patient complaint and grievance procedures?

   TCCHD policy and procedure for complaint and grievance procedures is posted in English and Spanish in the health department client common area.

2. Has your agency integrated cultural sensitivity and staff diversity into existing complaint and grievance procedures? If so, please explain current policy.

   Same as #1.

3. What resources would help your agency to achieve this standard (funds, training, etc.)?

   Funding and time.

Standard #14: Implementation

Agencies should regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and provide public notice about the availability of this information. Examples include organizations describing specific organizational changes or new programs in response to CLAS standards; CLAS-related interventions or initiatives undertaken; and/or accomplishments made in meeting the needs of diverse populations.

Communication methods can include stand-alone documents, member publications, newsletters that target the communities served, presentations at conferences, newspaper articles, television, radio (broadcast media) and postings on Web sites. Agencies should evaluate progress using rates of service utilization; reason-specific no-show rates; and reason-specific drop-out rates.

Does your agency make available to the public information regarding the

implementation of initiatives related to cultural/linguistic competence?

1. What methods does your agency employ to make the public aware of initiatives related to cultural/linguistic competence (please check all that apply)?

    - ***Stand-alone documents, posted CLAS Assessment in client common area and on web site;***
    - ***Member publications;***
    - ***Community-targeted newsletters;***
    - ***Presentations at conferences;***
    - ***Web Site and Facebook postings.***

2. What resources would help your agency to achieve this standard (funds, training, etc.)?

    Funding and time.

This CLAS Self-Assessment was updated May 15, 2017 after TCCHD staff assessment and input.

S. Swann R.N., B.S.N., Director of Nursing

Tips for Improving the Caregiver/Patient Relationship across Cultures

1. Do not treat the patient in the same manner you would want to be treated. Culture determines the roles for polite, caring behavior and will formulate the patient's concept of a satisfactory relationship.

2. In most countries, a greater distance between caregiver and patient is maintained through the relationship. Begin by being more formal with patients who were born in another culture. Except when treating children or very young adults, it is best to use the patient's honorific (Mr., Ms., Mrs., Sr.) name when addressing him or her.

3. In many cultures, it is disrespectful to look directly at another person (especially one in authority) or to make someone "lose face" by asking him or her questions. Do not be insulted if the patient fails to look you in the eye or ask questions about treatment.

4. Adopt a line of questioning that will help determine some of the patient's central beliefs about health/illness and illness prevention. Do not make any assumptions about the patient's ideas about the ways to maintain health, the cause of illness or the means to prevent or cure it.

5. Often, patients are afraid to tell Western caregivers that they are visiting a folk healer or are taking an alternative medicine concurrently with Western treatment because in the past they have experienced ridicule. Allow the patient to be open and honest. Do not discount beliefs that are not held by Western biomedicine.

6. Belief in the supernatural may result in his or her failure to either follow medical advice or comply with the treatment plan. Do not discount the possible effects of beliefs in the supernatural effects on the patient's health. If the patient believes that the illness has been caused by bewitchment, the evil eye or punishment, the patient is not likely to take any responsibility for his or her cure. Inquire indirectly about the patient's belief in the supernatural or use of nontraditional cures.

7. In many cultures, medical decisions are made by the immediate family or the extended family. If the family can be involved in the decision-making process and the treatment plan, there is a greater likelihood of gaining the patient's compliance with the course of treatment. Try to ascertain the value of involving the entire family in the treatment.

8. "The need to know" is a unique American trait. In many cultures, placing oneself in the doctor's hands represents an act of trust and a desire to transfer the responsibility for treatment to the physician. Watch for and respect signs that the patient has learned as much as he or she is able to deal with. Be restrained in relating bad news or explaining in detail complications that may result from a particular course of treatment (this does not suggest that the caregiver should withhold health-related information from the patient).

9. Whenever possible, incorporate into the treatment plan the patient's folk medication and folk beliefs that are not specifically contradicted. This will encourage the patient to develop trust in the treatment and will help assure that the treatment plan is followed.

Additional Resources

1. Agency for Healthcare Research and Quality (AHRQ)
   http://www.ahrq.gov/research/minorix.htm
   The AHRQ Web site contains a list of sites related to disparities in health care as well as cultural competence. The site also provides information on "The Role of Community-Based Participatory Research: Creating Partnerships, Improving Health."

2. Commonwealth Fund
   http://www.cmwf.org
   The Commonwealth Fund is a private fund that is dedicated to helping people become more informed about their health care and improving care for vulnerable
   populations such as children, elderly people, low-income families and minority
   Americans. This site contains a wealth of information on minority health and the quality of care for underserved populations.

3. National Center for Cultural Competence (NCCC)
   http://www.georgetown.edu/research/gucdc/nccc
   The NCCC web site offers a broad overview of Cultural/Linguistic Competence as well as references to recent publication on a wide variety of related topics
   (available in PDF format).

4. National Institutes of Health (NIH)
   http://www.cc.nih.gov/ccc/plan/disparities.html
   This site provides a copy of the NIH Strategic Plan on Reducing Health Disparities. This strategic plan addresses issues related to improving cultural and linguistic competence.

5. American Medical Association (AMA)-*Folk Remedies Among Ethnic Subgroups*
   http://www.ama-assn.org/ama/pub/article/2036-2524.html
   This site provides specific information on folk medicine in addition to general information on cultural ideas of health and illness.

6. U.S. Department of Health and Human Services Office of Minority Health (OMH)- *Potential Measures/Indicators for Cultural Competence*
   http://www.hrsa.gov/OMH/cultural/attachment3.html
   This site provides a detailed list of potential measures and indicators for cultural and linguistic competence broken down into specific topic areas and domains ranging from values and attitudes to policies and procedures.

References

1. United States Census Bureau - *Projected State Populations by Sex, Race, and Hispanic Origin*. http://www.census.gov/population/projections/state/stpjrace.txt

2. Spector RE. *Cultural Diversity in Health and Illness*. 4th ed. Appleton and Lange. Stamford, CT; 1996.

3. HRSA Bureau of Primary Health Care - *Cultural Competence: A Journey.* http://www.bphc.hrsa.gov/culturalcompetence/default.htm

4. University of Michigan Health System - *Approaches for Cross-Cultural Relationships- Tips for Improving the Caregiver/Patient Relationship Across Cultures.* http://www.med.umich.edu/multicultural/ccp/approaches.htm

5. U.S. Department of Health and Human Services Office of Minority Health (OMH)-*National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS).* http://www.omhrc.gov/omh/programs/2pgprograms/finalreport.pdf

6. University of Michigan Health System – *Questions to Ask Your Patient.* http://www.med.umich.edu/multicultural/ccp/questions.htm

7. DDHS Office of Minority Health – *Practical Guide for Implementing the Recommended National Standards for Culturally and Linguistically Appropriate Services in Health Care*. http://www.omhrc.gov/clas/guide2a.asp