Washington State Department of Health

Health Systems Quality Assurance

Cultural Competency in Health Services and Care

A Guide for Health Care Providers

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On behalf of the Washington State Department of Health, I am pleased to present to you *Cultural Competency in Health Services—A Guide for Health Care Providers*. This guide is the written response to the vision of Senator Rosa Franklin who sponsored legislation in 2006 requiring all health care providers licensed by the Department of Health to receive multicultural health awareness education and training.

The purpose of the Department of Health's *Multicultural Awareness in Health Services and Care, A Guide for Health Care Providers* is to begin the essential first step towards increasing knowledge, understanding, and skills among all health care providers in Washington State to effectively provide health care in cross-cultural situations.

Washington State is among the fastest growing states in the country. By the year 2050, the U.S. Census Bureau estimates that racial and ethnic minority groups other than Caucasian will account for almost half of the country's population. Research has shown that ethnic and racial populations, on average, receive lower levels of care and have—as a result of these health disparities—higher rates of certain diseases and conditions than Caucasian populations. In addition, research is starting to show that economic and social conditions may also affect a person's health and well-being.

The Department of Health works hard to protect the health of all people in our state and we believe that cultural competency is the direct pathway to reducing health disparities and ensuring positive health outcomes for all people in Washington State. To do so, we must partner with all health care professionals to understand the intrinsic value and necessity of cultural awareness, competence, and sensitivity as our state's populations grows to reflect changing demographics and newly emerging cultural traditions and beliefs.

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Table of Contents

Guide Purpose and Format

This guide is designed to be an introductory tool for health care providers working with diverse population groups. It has three objectives:

- Raise awareness and educate health care providers regarding the knowledge, attitudes and practice skills necessary to care for diverse populations.
- Increase understanding of the relationship between culture, language and health.
- Identify resources for developing skills to better provide services to diverse populations.

Each chapter includes information and data, practical tips and applications, and a summary of key points. There are a wide variety of assessment tools, quality improvement guides, and continuing education programs available for both providers and systems. A resource section is available in the back of the guide.

Introduction

Here and across the country people of racial, ethnic and cultural minorities, immigrant and refugee communities, those in rural areas, those with disabilities, lesbian, gay, bisexual and transgender populations, and economically and socially disadvantaged groups often receive less or lower quality health care.

Addressing these disparities in health care and health outcomes is increasingly becoming a priority on national and state levels. The Department of Health is committed to creating health equity and dedicated to promoting cultural competency among health care providers, to increase positive outcomes for all people, regardless of race, ethnicity, age, gender or sexual orientation.

Achieving cultural competence in the delivery of health care services can affect health outcomes among diverse populations, so it is important that you as a health care provider understand health disparities and take action to become a culturally competent provider.

This guide uses racial, ethnic and cultural minorities as the main example in understanding health disparities and cultural competency. As a provider of health care to a variety of different populations, you are encouraged to know about the people you serve and understand how you can do your part to increase the level and quality of health care they receive.

Providing Care for a Diverse Population

In 2000, about 30 percent of the nation's population identified themselves as members of racial or ethnic minority groups, according to

the U.S. Census Bureau. By 2050, these groups are expected to account for almost half of the country's population.

Washington, with nearly 6.4 million people, is experiencing brisk growth, and large increases are projected among racial and ethnic minority populations.

Washington State can help meet the health care needs of a diverse and growing population by providing culturally and linguistically appropriate health care, and by improving quality and access to care.

1 – What are Health Disparities?

What do we know about the health of minority and underserved populations in our state? What does the term "health disparity" mean? Being aware that health disparities exist is the first step to becoming a culturally competent health care provider. This chapter defines health disparities and provides some data on disparities in Washington.

What Is a Health Disparity?

There are many definitions of health disparities. We have chosen the following definition:

A health disparity is a difference in rate of illness, disease, or conditions among different populations. Disparity not only means difference, but also inequality.[1]

This means that there are differences in health outcomes for some groups compared to the outcomes for the general population.

It is important to understand that there are some factors that contribute to these differences that are unavoidable and cannot be changed and some that are avoidable and can be changed or affected by individual actions, society or system changes. Age and race are individual differences that cannot be changed, but behaviors and actions can be changed. System changes can also be made to allow more access to preventive and primary care. Understanding how all risk factors contribute to health disparities, particularly for the patients you see, can help you become a more culturally competent provider.

Risk factors that can contribute to health disparities include poverty, acculturation, behavior and lifestyle, nutrition, access to health-care services, genetic predisposition, education level, discrimination, differing levels of insurance coverage, and access to high-quality networks of preventive and primary care. (Modified from the Washington State Board of Health Committee on Health Disparities, *Final Report State Board of Health Priority: Health Disparities*, May 2001, p. 12)

A 2002 Institute of Medicine report states: "Racial and ethnic minorities tend to receive a lower quality of health care than non-minorities...

"The sources of these disparities are complex, are rooted in historic and contemporary inequities, and involve many participants at several levels, including health systems, their administrative and bureaucratic processes, utilization managers, health care professionals, and patients.

"... Stereotyping, biases, and uncertainty on the part of health care providers can all contribute to unequal treatment. The conditions in which many clinical encounters take place – characterized by high time pressure, cognitive complexity and pressures for cost containment – may enhance the likelihood that these processes will result in care poorly matched to minority patients' needs.

"Minorities may experience a range of other barriers to accessing care, even when insured at the same level as whites, including barriers of language, geography, and cultural familiarity."[2]

Health Disparities in Washington

Washington is among the fastest growing states in the country. According to the state Office of Financial Management[3], state population is projected to grow by 42.2 percent, from 5.9 million in 2000 to about 8.5 million in 2030. Although Washington is predominately Caucasian/non-Hispanic, some racial and ethnic minority population groups are growing faster than the statewide rate.

- The Hispanic population is the fastest growing among all the racial and ethnic groups. Its population is expected to grow 150 percent, from 441,509 in 2000 to about 1.1 million in 2030.
- The Asian and Pacific Islanders population is projected to increase 132 percent to reach approximately 825,000 by the year 2030.
- The African American population is expected to reach 317,800 by 2030, a 60 percent increase from 199,200 in 2000.
- The American Indian and Alaska Native population is projected to increase 50.1 percent, from 96,900 in 2000 to 146,000 by 2030.

It is widely accepted that racial and ethnic minority populations on average receive lower levels of care and have higher rates of certain conditions and diseases than Caucasians. Growth in racial and ethnic minority populations is moving faster than the health care system can alter practices to meet the needs of the population in order to deliver high quality, effective services and care.

Washington State Demographic Estimates

2006-2008 American Community Survey, U.S. Census Bureau
http://factfinder.census.gov

	Est. Pop.	Percent
White or Caucasian	5,195,047	80.5
Hispanic or Latino (of any race)	614,590	9.5
Asian	421,402	6.5
Some other race	263,181	4.1
Black or African American	218,847	3.4
Two or more races	235,493	3.6
American Indian & Alaska Native	91,093	1.4
Native Hawaiian & Other Pacific Islander	28,020	0.4

Despite progress in improving the overall health of Washington residents, some racial and ethnic minority groups have a disproportionate burden of disease. For example, compared to Caucasians:

- African Americans and American Indians/Alaska Natives are twice as likely to die in infancy.
- African Americans are three times more likely to die from diabetes; the rate of death from diabetes is nearly 2.5 times higher for American Indians and Alaska Natives and nearly 1.5 times higher for Hispanics.
- Asian/Pacific Islanders and American Indians die from asthma at 1.5 times the Caucasian rate.
- Asians experience more than 15 times the rate of tuberculosis; the rate for American Indians is nearly seven times greater and the rate for African Americans and Hispanics is nearly six times greater.[4]

Social Determinants of Health

Research is showing that the economic and social conditions under which people live also affect a person's health and well-being. The World Health Organization recently published a final report and recommendations for creating health equity through action on the social determinants of health.
http://www.who.int/social_determinants/en/

Summary

- The term "health disparities" means a *difference in rate of illness, disease, or conditions among different populations. Disparity not only means difference, but also inequality.*
- Age and race are examples of factors that contribute to differences in health outcomes that are unavoidable, but behaviors, actions, and access to preventive and primary care are examples of factors that can be changed by the individual, system, or society.
- Although Washington is predominately Caucasian, some racial and ethnic minority population groups are growing faster than the statewide rate.
- Despite progress in improving the overall health of the state, in Washington a disparate burden of illness and premature death exists among African Americans, American Indians and Alaska Natives, some Asian/Pacific Islanders, and Hispanics.

2 – What is Culture and Cultural Competence?

What is culture? What does it mean to be culturally competent? What does this mean in health care and the delivery of health services? This chapter defines culture and cultural competence, and examines issues that influence health care.

Defining Culture and Cultural Competence

Although the meaning of "culture" has been widely debated and broadly defined, certain common themes emerge. "Culture can be seen as an integrated pattern of learned beliefs and behaviors that can be shared among groups and include thoughts, styles of communicating, ways of interacting, views on roles and relationships, values, practices, and customs.

"Culture shapes how we explain and value our world, and provides us with the lens through which we find meaning. It should not be considered "exotic" or about "others", but as part of all of us and our individual influences (including socioeconomic status, religion, gender, sexual orientation, occupation, disability, etc.). We all are influenced by and belong, to multiple cultures that include, but go beyond, race and ethnicity."[5]

While groups may share language, customs, beliefs, and values, each of us has a unique cultural lens shaped by our experiences through which we see the world. Our personal cultures grow and change constantly, *making every single human encounter cross-cultural* [6].

A commonly accepted academic reference defines "cultural competence" as "a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enables effective interactions in a cross-cultural framework".

Cultural Competence

Cultural competence is the ability to effectively provide health services in cross-cultural situations.

Cultural competence begins with the individual. It includes respect, awareness and acceptance of differences in worldviews, and not making assumptions about people and situations.

Cultural competency does not happen overnight; it is an ongoing learning process.

"...Culture implies the integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and institutions of racial, ethnic, social, or religious groups. "Competence" implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, practices, and needs presented by patients and their communities." [7]

Five Steps to Cultural Competency

Achieving cultural competency in the delivery of health care services can affect outcomes among different populations. Cultural competency is an ongoing learning process that involves integrated efforts at all levels of the health care system. Individuals can improve their cultural competency by taking the time to

understand their own biases and assumptions, becoming more aware of a patient's background, and taking the opportunity to use the resources provided at the end of this guide. You can also use the *5 Steps to Cultural Competency*[8] to ask questions that can help in providing effective and thoughtful care to patients. The five steps include:

- Awareness
- Acknowledgement
- Honest validation
- Negotiation
- Action

First, ask yourself the following questions:

- What are my values?
- What are my personal biases and assumptions about people who are different from me?

Awareness of self includes information sharing about issues, positions, interests and needs.

- Do I have one belief or value that everyone in the world shares?
- What other values may be different from a value I have?

Acknowledgement means exploring differing values, not making assumptions and shaping uninformed expectations of others.

- Am I willing to learn more about a belief that is different from mine?
- Can I see the importance of a value that may be different from one I hold?

Honest validation is a process of understanding that different perspectives are of value.

- Are my values/viewpoints threatened by learning about a value/viewpoint that is different?
- Do I want to share information about my values with someone who does not share my experiences?

Negotiation allows us to expand our outlook to see different options and different approaches.

- Can I challenge myself to see that different viewpoints/values contribute to my experiences and my self-awareness?
- Do I have enough information about my patient's experiences to understand my patient's health care needs?

Action is the final step. Take **action** by adapting practice skills to fit the cultural context of the client.

Patients You May See

A 40-year-old Mexican male who has not had any previous dental care and has limited English proficiency (LEP).

An 8-year-old American Indian girl with asthma who comes to the ER frequently with attacks.

A 20-year-old Sudanese woman who does not speak English and complains of frequent headaches.

A 70-year-old woman who has to get a prescription filled but does not read.

Issues that Influence Health Care

To understand the impact of language and culture on health care, it's important to look at the issues that influence health care. The Cross Cultural Health Care Program in Seattle has placed issues influencing health care in four categories.[10]

> **Overcoming barriers** in the health care encounter requires the cooperation of the patient, the provider, and the organization or system where the encounter takes place.

1. Differences in languages and non-verbal communication patterns.
2. Cultural differences in perceptions of illness, disease, medical roles and responsibilities.
3. Cultural preferences for treatment of illnesses.
4. Socioeconomic status.

Differences in languages and non-verbal communication patterns set the stage for what happens in the medical encounter. Speaking different languages or using different non-verbal expressions or cues can lead to communication barriers that may impact the service being provided. Addressing such barriers requires the cooperation of the patient, the provider and the organization or system where the encounter takes place.

Cultural differences in perceptions of illness, disease and medical roles and responsibilities can affect the course and outcome of disease. For example, Western medicine has a distinct scientific basis, but some Native Americans healers believe that health is closely linked to spirituality.[11] Different beliefs about the causation, diagnosis and treatment of disease can be a barrier between provider and patient.

Cultural preference for treatment of illnesses means that people may adhere to the healing traditions of their communities or country of origin. This does not mean that patients will not use Western medicine; however, health care providers may face challenges in helping patients overcome doubts about Western medicine.

Socioeconomic status influences health and health care because it limits health care choices and access to care.

Summary

- Culture shapes how we explain and value our world, and provides us with the lens through which we find meaning. While groups may share language, customs, beliefs and values, each of us has a unique cultural lens shaped by our experiences.
- Cultural competence is the ability to effectively provide health services in cross-cultural situations. Cultural competence begins with the individual. It includes respect, awareness and acceptance of differences in worldviews, and not making assumptions about people and situations.

- Achieving cultural competency in the delivery of health care services can affect outcomes among different populations.
- Issues influencing health care include:
  - Differences in languages and non-verbal communication patterns.
  - Cultural differences in perceptions of illness, disease, and medical roles and responsibilities.
  - Cultural preferences for treatment of illnesses.
  - Socioeconomic status.
- Overcoming barriers in the health care encounter requires sensitivity and empathetic listening on the part of the provider, and the cooperation of the patient, the provider and the organization or system where the encounter takes place.

3 – How Can I Increase Cultural Competence in the Health Care Encounter?

Overcoming barriers in the health care encounter requires the cooperation of the patient, the organization or system where the encounter takes place and you, the provider.

This chapter includes a summary of some of the challenges and issues experienced by racial and ethnic minority patients. It also includes tips for you to improve communications with culturally diverse patients.

There are a wide variety of cultural competency assessment tools, quality improvement guides and continuing education programs available. Some of these resources are included at the end of this chapter.

Reasons to Develop Cultural and Linguistic Competency

- Respond to current and projected demographic changes.
- Eliminate health disparities.
- Improve the quality of services and health outcomes.
- Meet legislative, regulatory and accreditation mandates.
- Gain a competitive edge in the market place.
- Decrease the likelihood of liability claims.

Patient Perspective

Better understanding of the issues facing racial and ethnic minority patients can help you improve effectiveness in providing quality health care to all patients. Following are some of the barriers to accessing quality health care that culturally diverse patients may experience.

Health insurance. About 11 percent of Washington residents do not have health insurance, according to the state Office of the Insurance Commissioner.

Acculturation. For first- and second-generation Americans, acculturation – the degree to which they learn the values, beliefs and behaviors of the host culture

– is a major factor in health care decisions and use of preventive services. Common fears include language barriers and cultural insensitivity.

Communication patterns. Communication about health often differs by ethnicity, age, socioeconomic status, geographic location and sexual orientation. Communication approaches that take for granted a shared cultural background, gender orientation and level of literacy may create instant barriers to care for many underserved communities.

Inadequate or faulty assumptions or generalizations. Just as one size doesn't fit all, one program or service won't necessarily work for all sub-groups of a particular population. For example, within the Native American population there are differing languages, customs and histories, and attitudes toward health, sexuality and spirituality among different tribes.

Lack of culturally appropriate materials. Materials that are culturally or linguistically appropriate for one population group may not effectively convey health care information to another group of patients.

Provider Actions

Reducing disparities in health care and health outcomes is a national and state priority. Various efforts are underway to improve cultural competency awareness through training in medical education programs, improve data collection and research methodologies among underserved communities, and improve the diversity of health care providers and administrators.

In addition to system and policy efforts, individuals – those directly involved at all levels of health care – can take steps to improve the quality of care provided to culturally diverse patients. Patient-centered, individualized care is key to effective treatment; asking the right questions can help facilitate the process.

Patients who see positive characteristics in their providers (such as being thorough, understanding, responsive and respectful) are more likely to seek treatment and follow medical advice. Patients with higher levels of trust are more satisfied with the patient-provider relationship. This higher level of trust fosters:

- Increased patient participation in their care.
- Reduced appointment cancellations and no-shows.
- Improved health outcomes.
- Improved patient safety.

" Health literacy is the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions and

Improving Interpersonal Communication

Ways to improve interpersonal communication with culturally diverse patients or those with limited English proficiency or low health literacy include:

1. Slowing down your rate of speaking.
2. Using simple, non-medical language.
3. Showing, or drawing pictures.
4. Limiting the amount of information provided and repeating as necessary.
5. Using the "teach-back" or "show-me" technique.
6. Creating an accepting and respectful atmosphere.

follow instructions for treatment," according the American Medical Association.[13] It is estimated that millions of Americans have limited health literacy skills, affecting people from all ages, races, and income and education levels.

The challenges of low health literacy are compounded when language and cultural issues are present. Some patients may hide their confusion from their provider because of embarrassment or intimidation. Low health literacy and ineffective communication can combine to negatively affect patient safety.

Health care personnel – from appointment schedulers to nurses to physicians – can improve the level of care provided to culturally diverse patients through simple, everyday actions to improve communication.

In many cases, a patient's first contact with the health facility is through the person who answers the telephone. The receptionist or appointment scheduler can set the tone for the entire health care encounter by simply speaking slowly and in non-medical language, being patient and showing respect for persons who have limited English skills or little understanding of the health care system.

Nurses and others taking patient histories also have a key role in determining a patient's response to health care providers. Cultural competency is more than asking a single question regarding the patient's country of origin or language preference. It starts with sensitivity to culture and language, and understanding the impact those factors can have on health care and outcomes.

Questions to Help with Patients and Families From Culturally Diverse Backgrounds

Provider: So that I might be aware of and respect your cultural beliefs...

- Can you tell me what languages are spoken in your home and the languages that you understand and speak?
- Please describe your usual diet. Are there times during the year when you change your diet in celebration of religious or other holidays?
- Can you tell me about your beliefs and practices including special events such as birth, marriage and death that you feel I should know?
- Do you use any traditional health remedies to improve your health?
- Is there someone, in addition to yourself, with whom you want us to discuss your medical condition?
- Are there certain health care procedures and tests that your culture prohibits?
- Is there anything else you would like to know? Do you have any questions for me? (Encourage two-way communication)

Summary

- Barriers to accessing quality health care that culturally diverse patients may experience include lack of insurance, incomplete acculturation, diverse communication patterns, inadequate or faulty assumptions or

generalizations (on the part of the provider), and lack of culturally appropriate materials.

- Systems can improve the delivery of culturally appropriate services by identifying and adapting services provided at common points of interaction with the patient (appointment scheduling, intake, interview, examination, follow-up, etc.)
- Patient-centered, individualized care is key to effective treatment. Asking the right questions will help determine appropriate course of treatments or communication techniques.
- The challenges of low health literacy are compounded when language and cultural issues are present; low health literacy and ineffective communication can combine to affect patient safety.

4 – How do I Address Language Barriers?

Health care has its own terminology, and even if the provider and patient speak the same language, there are challenges to effective communication. However, the quality of medical care is closely linked to how well providers meet the language needs of patients.

Treating non-English speaking (NEP) patients, those with low English proficiency (LEP) or low literacy takes more time and additional resources to ensure patients receive the same level of care as would English speakers. In addition, language barriers are often complicated by cultural differences. This chapter focuses on how to provide quality care to people who speak or understand little English.

Language Barriers

According to *Hablamos Juntos*, an organization funded by the Robert Woods Johnson Foundation that works to improve communication between health care providers and their patients with limited English proficiency:

"Language barriers create problems for both patients and providers. For **patients**, language and communication influence how and if LEP patients access and experience health care. Because of language barriers, LEP patients often encounter the following basic types of problems:

- Lack of awareness of existing services and how to access them.
- Difficulty in making appointments and accessing basic information about the visit, when they do seek care.

- Inability to communicate adequately with health care support staff, providers, and ancillary staff at all points within the health care delivery system.
- Low patient satisfaction with cross-language encounters, which may lead to reluctance to return to the health care setting.

Furthermore, research shows that even when LEP patients are able to access health care, health care quality may be diminished and health outcomes may be poorer for them than for other patients."

"Language barriers often cause health care **providers** challenges in the following tasks:

- In making an accurate diagnosis.
- In meeting informed consent responsibilities.
- While explaining care options to NEP/LEP patients. (This may lead to more limited options for caring for the patient.)
- During health education efforts.
- In convincing NEP/LEP patients to comply with a treatment regimen they may not understand." [14]

Linguistic Competency

Patients with limited or no English proficiency encounter challenges at each juncture of the health care experience: from when they first make their appointment, and through diagnosis, treatment and discharge. These challenges affect the quality of care and may result in the patient delaying seeking treatment until conditions are severe.

System-wide procedures and approaches that are used at each juncture where patients must communicate with staff are essential to overcoming language and cultural barriers throughout a patient's visit. All staff within the provider system – receptionists, medical assistants, nurses, doctors and discharge specialists – can use specific or "place-based" solutions that are integrated into the overall system of care.

"The same way that health care organizations consider and plan for the care of those with physical handicaps, vision impairment and the elderly, they can also prepare their staff to receive and respond to patients with limited English proficiency." [15]

Resources to support this capacity may include:

- Trained medical interpreters.
- Bilingual/bicultural or multilingual/multicultural staff.
- Materials developed for specific cultural, ethnic and linguistic groups.
- Culturally and linguistically appropriate signage.
- Print materials in easy to read, low literacy, picture and symbol formats.

Working With Interpreters

Increasingly, health care providers are recognizing that the quality of language services that they provide is directly linked to the quality of medical care their patients receive. "Recent research shows that providing trained medical interpreters has a positive impact on health care processes, on the use of preventive health services and on patient outcomes." [16]

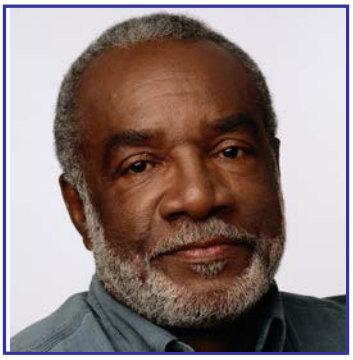
Providers need to know the proper way to work with interpreters in the medical encounter. Following are tips for working effectively with interpreters. [17]

Step 1: Conducting a pre-session

- Ask the interpreter if he/she is familiar with concepts involved.
- Encourage the interpreter to ask questions when uncertain of meaning of any word, concept or issue.
- Request that the interpreter interpret (speak) in the first person (to avoid "he said, she said").
- Tell interpreter what you hope to accomplish – alert him or her to potential difficulties or bad news.

Step 2: The Interview

- Arrange seating so that you directly face the patient.
- Speak directly to the patient.
- Look at the patient to observe non-verbal signs.
- Speak at an even pace in relatively short segments; pause so the interpreter can interpret.
- Be aware that many concepts you express have no linguistic or even conceptual equivalent in other languages. The interpreter may have to paint word pictures of many terms you use; this may take longer than your original speech.



- Avoid highly idiomatic speech, complicated sentence structure, sentence fragments, changing your idea in the middle of a sentence and asking multiple questions at one time.
- Do not hold the interpreter responsible for what the patient says or doesn't say; the interpreter is the medium, not the source, of the message.
- Encourage the interpreter to alert you to potential cultural misunderstandings that may come up.
- Be patient. Providing care across a language barrier takes time. However, the time spent up front will be paid back by good rapport and clear communication that will avoid wasted time and dangerous misunderstandings down the line.

National Standards on Culturally and Linguistically Appropriate Services (CLAS)

The CLAS standards are directed at health care organizations, but you as a provider can also use the standards. The 14 CLAS standards are organized by themes: culturally competent care, language access services, and organizational supports for cultural competency.

http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15

Summary

- The quality of medical care is closely linked to how well providers meet the language needs of patients.
- Low English proficiency **patients** often encounter the following basic types of problems:
  - Lack of awareness of existing services and how to access them.
  - Difficulty in making appointments and accessing basic information about their visit.
  - Inability to communicate adequately with health care support staff, providers and ancillary staff at all points within the health care delivery system.
  - Low patient satisfaction with cross-language encounters, which may lead to reluctance to return to the health care setting.

- Language barriers often cause health care **providers** challenges in the following tasks:
  - In making an accurate diagnosis.
  - In meeting informed consent responsibilities.
  - While explaining care options.
  - During health education efforts.
  - In convincing patients to comply with a treatment regimen they may not understand.
  - System-wide procedures and approaches that are used at each juncture where patients must communicate with staff are essential to overcoming language and cultural barriers throughout a patient's visit.
  - Providing trained medical interpreters has a positive impact on health care processes, on the use of preventive health services and on patient outcomes.

Resources

Continuing Education Resources

- "Unified Health Communication 101: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency", Health Resources and Services Administration, http://www.hrsa.gov/publichealth/healthliteracy/
- *Think Cultural Health: Bridging the Health Care Gap Through Cultural Competency Continuing Education Programs,* Office of Minority Health, U.S. Department of Health and Human Services, www.thinkculturalhealth.org

General Resources

- "A Closer Look: A Landmark Study of Women and Girls in the Puget Sound Region", Women's Funding Alliance, www.wfalliance.org
- "Closing the Gap in a Generation: Health equity through action on the social determinants of health ", World Health Organization, http://www.who.int/social_determinants/en/
- Cross Cultural Health Care Program, http://www.xculture.org
- *Cross Cultural Issues and Diverse Beliefs*, University of Washington School of Medicine, http://depts.washington.edu/bioethx/topics/cross.html
- Cultural Competency section, Office of Minority Health, U.S. Department of Health and Human Services, http://www.minorityhealth.hhs.gov/
- *DiversityRx*, promoting language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities, Resources for Cross Cultural Health Care/Drexel University School of Public Health's Center for Health Equality, http://www.diversityrx.org/
- *EthnoMed*, information about cultural beliefs, medical issues and other issues pertinent to the health care of recent immigrants, University of Washington/Harborview Medical Center, www.ethnomed.org
- *Final Report State Board of Health Priority: Health Disparities*, www.sboh.wa.gov/Pubs/docs/HDReport_2001.pdf
- Intercultural Cancer Council, www.iccnetwork.org
- National Center on Minority Health and Health Disparities, National Institutes of Health, http://www.nimhd.nih.gov/
- National Center for Cultural Competence, Georgetown University, http://www11.georgetown.edu/research/gucchd/nccc/

- *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care*. Office of Minority Health, http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15
- New Mexico Cultural Competency Information and Education Center, www.nmdohcc.org
- Puget Sound Health Alliance Community Checkup, www.wacommunitycheckup.org
- *Unequal Treatment Confronting Racial and Ethnic Disparities in Health Care*, www.nap.edu/catalog.php?record_id=10260
- "Unnatural Causes: Is Inequality Making Us Sick?" Produced by California Newsreel with Vital Pictures, Inc. http://www.unnaturalcauses.org/

Provider Specific Resources

- "Physician Toolkit and Curriculum, Resources to Implement Cross-Cultural Clinical Practice Guidelines for Medicaid Practitioners", Office of Minority Health, U.S. Department of Health and Human Services, www.omhrc.gov/assets/pdf/checked/toolkit.pdf
- "Self-Assessment Checklist for Personnel Providing Primary Health Care Services", Georgetown University Center for Child and Human Development, http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist%20PHC.pdf
- *Speaking Together: National Language Services Network*, a national program for identifying, testing and improving the ways that hospitals provide language services to patients with limited English proficiency, funded by the Robert Woods Johnson Foundation, www.speakingtogether.org
- *The Providers Guide to Quality and Culture,* Management Sciences for Health, http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English

Statistics, State and Population Specific Resources

- American Society on Aging, www.asaging.org
- Commission on Asian Pacific American Affairs, www.capaa.wa.gov
- National Center for Farmworker Health, Inc., http://www.ncfh.org
- Governors Interagency Council on Health Disparities, www.healthequity.wa.gov
- Governor's Office of Indian Affairs, www.goia.wa.gov

- Migrant Clinicians Network, www.migrantclinician.org
- Office of Financial Management, www.ofm.wa.gov
- State Independent Living Council, www.wasilc.org
- Washington State Commission on African American Affairs, http://www.caa.wa.gov
- Washington State Commission on Hispanic Affairs, http://www.cha.wa.gov

Links to external resources are provided as a public service and do not imply endorsement by the Washington State Department of Health.

Endnotes

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