



CULTURE CARE CONNECTION

www.culturecareconnection.org

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

Fall 2012

Funded by Ucare

LGBT Communities Face Unique Health Challenges

According to the Office of Minority Health, many lesbian, gay, bisexual, and transgender (LGBT) communities have limited access to health care services and insurance. Inadequate care and health insurance often lead to negative health outcomes and life-long health problems for these populations.

In addition, research suggests that negative outcomes for LGBT people may be due to a lack of cultural awareness or confidence within the health care system. Health issues can often go undetected. For example, data show that lesbian

and bisexual women receive less routine care than other women, including breast and cervical cancer screening. It is important for LGBT people to feel welcome and comfortable enough to seek care and routine health screenings, and for health care providers to be positive and open-minded about sexual and gender diversity. Providers and staff are encouraged to recognize that gender nonconformity is not a disorder.

Providers also need to know about the health issues

unique to the LGBT population. More than half of new HIV infections in the U.S. each year are found in bisexual men, and HIV prevalence among transgender women is over 25 percent. In addition, nearly 30 percent of LGBT youth report having been physically abused by family members because of their sexual orientation or gender identity.

It is important for LGBT people to feel welcome and comfortable enough to seek care and routine health screenings

[Continued on Page 2 >>](#)

This Issue

- ♦ [LGBT Communities Face Unique Health Challenges](#) 1
- ♦ [New City and County Profiles; What is Health Care Bias?](#) 3
- ♦ [News](#) 4
- ♦ [Resources](#) 6
- ♦ [Events](#) 7
- ♦ [Stratis Health Contacts](#) 7



LGBT Resources

- ♦ [Gender Education Center](#)
- ♦ [GLBTA Programs, University of Minnesota](#)
- ♦ [Minnesota Transgender Health Coalition](#)
- ♦ [Rainbow Health Initiative](#)
- ♦ [Transgender Health Services](#)

LGBT COMMUNITY

[Continued from Page 1 >>](#)

Health Data Collection: The First Step to Improving Care for LGBT Populations

In 2011, an Institute of Medicine report, “The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding,” recommended data collection of gender identity and sexual orientation on federally supported surveys. The study outlines a research agenda and identifies gaps and opportunities related to LGBT health. It also provides guidance to state Medicaid agencies on financial protections for same-sex couples and rules requiring hospitals to protect patients’ right to choose their own visitors during a hospital stay, including a same-sex domestic partner.

In 2013, the national Department of Health and Human Services will begin collecting data for identification of health issues and reduction of health disparities among LGBT populations. Under [Section 4302](#) of the Affordable Care Act, federally conducted or supported health care or public health programs, activities, or surveys must collect and report demographic data on designated health disparities. Questions on sexual orientation and gender identity will be integrated into the National Health Interview Survey. Many researchers, including Williams Institute at the University of California Los Angeles

and the Center for Population Research in LGBT Health at the Fenway Institute, have been working on such data collection for several years.

Health Care for the Transgender/ Transexual Population

Within the LGBT population, are a variety of individuals often referred to as transgender whose behaviors tend to vary from conventional gender roles—cultural and social norms generally accepted as appropriate for either a man or a woman in an interpersonal relationship.



Transgender can refer to gender identity or self-identification as a woman, man, or both—although not corresponding to the physical sex assigned at birth (based on genitals). Transgender people may consider conventional terms of sexual orientation inadequate to describe them. Rather, they may identify anywhere

on a transgender continuum as heterosexual, homosexual, bisexual, pansexual (all sexual identities), polysexual (many sexual identities), or asexual.

In order for health care professionals to understand how to provide the most effective, culturally competent care for transgender people, the [World Professional Association for Transgender Health](#) (WPATH) recently released the seventh revised edition of [Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People](#) (SOC), first published in 1979. The SOC is viewed as the standard of reference on caring for the transsexual, transgender, and gender nonconforming population and offers detailed clinical guidelines to address the unique needs of children, adolescents, and adults who require psychological, hormonal, or surgical care. The SOC Committee Chair is Eli Coleman, PhD, professor and director at the Program in Human Sexuality, University of Minnesota.

WPATH promotes evidence-based care, education, research, advocacy, public policy, and respect in transgender health.

It recognizes that well-being requires a social climate that eliminates prejudice, discrimination, and stigma, and promotes a positive and tolerant society that embraces sexual and gender diversity. ○

NEW CITY AND COUNTY PROFILES

Take your patient-centered care to the next level by using demographic, socio-economic, and health status data to learn about the unique characteristics of your service areas.

Utilize [data](#) from the 36 new city profiles and 87 recently updated county profiles on Stratis Health's



Culture Care Connection website to examine factors that influence individual and population health in Minnesota.

Find data on age, gender, race, language, and education, as well as information on income, employment, prenatal care, and health behaviors.

Did you know?

- ✦ The Metropolitan Council projects that by 2040, 43 percent of Twin Cities metro residents will be people of color
- ✦ One in ten, or 10.3 percent of households in Minnesota speak a language other than English at home
- ✦ Nearly a quarter of the population of Mahnomon County has an income below poverty level
- ✦ Only 4 out of 10 women received adequate prenatal care in Lincoln County in 2010
- ✦ The top three behavioral risk factors in Minnesota are obesity, hypertension, and binge drinking.

By using the profile data your organization may be better able to understand and respond to the unique

needs and challenges of your patient or client population, while developing processes to address and accommodate these changes.

The Culture Care Connection [website](#), was developed by Stratis Health and is supported with funding from UCare.

WHAT IS HEALTH CARE BIAS?

On August 15, 2012, the University of Minnesota Distinguished Visiting Scholar Series on Health Disparities Research hosted [Augustus White III, MD, PhD](#), Professor of Medical Education and Orthopedic Surgery at Harvard Medical School, and author of [Seeing Patients: Unconscious Bias in Health Care](#).

According to Dr. White, substantial bias exists today, "In addition to African Americans, Native Americans, and other racial and ethnic groups, many other groups still receive unequal health care treatment such as prisoners; disabled individuals; immigrants; the Appalachian poor; certain religious groups; gay, lesbian, bisexual, transgendered people; obese people; elderly people; and women." He emphasized the need for physicians and other health care professionals to be aware that these disparities still exist, and why they exist, citing numerous examples of inequity.

- ✦ African Americans receive fewer cardiac surgeries, hip and knee replacements, kidney and liver transplants, and laparoscopic procedures. African Americans with diabetes have more amputations than Whites with diabetes.

- ✦ Hispanics receive less pain medication during cancer treatment and childbirth.
- ✦ Elderly people receive less attention and consideration than younger people.
- ✦ Gays, lesbians, bisexuals, and transgendered people are prone to high rates of suicide, alcoholism, and tobacco use issues that often go unnoticed in primary care examinations.
- ✦ Women receive fewer joint replacements and angioplasties than men. Women are twice as likely as men to die from heart attacks—and it takes more time for women to reach the emergency room than for men.

An African American and a national leader in the fight for equality in health care, Dr. White grew up during the height of segregation in Memphis, Tennessee, when black patients saw white physicians on a special day, entering through the back door, and sitting in a separate waiting room. White was the first black president of his white fraternity at Brown University and the first black student at Stanford Medical School, where he graduated as student body president. He became the first African American department chief at Harvard's teaching hospitals, then Yale's first African American professor of surgery.

White advocates for a health care system where patients feel welcomed and are educated on how to operate within the system to get the care they deserve. He encourages providers to evaluate their own biases in order to understand where their prejudices lie, and to effectively use knowledge of non-white cultures without stereotyping.

[More >>](#)

NEWS

Passing of Lia Lee, *The Spirit Catches You and You Fall Down*

Since 1997, the true story of Lia Lee, by Anne Fadiman, has had a dramatic effect on the way health care providers understand and work with patients who represent diverse cultures. Lia Lee passed away on August 31, 2012, at age 30. The daughter of Hmong refugees, she endured epileptic seizures and multiple disabilities, as well as facing language and cultural barriers within the American health care system. The book honors her life and struggle.

[More >>](#)

Another Successful Many Faces of Community Health Conference



Dorii Gbolo

Always a popular, insightful event, this year's conference hosted a stellar cast of presenters addressing the most compelling health care issues of the

day. Keynote speaker, Reed Tuckson, MD, UnitedHealth Group, brought to light the unique role of community health centers in shaping the future of coordinated, comprehensive care for underserved populations in an environment of limited resources and continuous change.

The Minnesota Association of Community Health Centers presented its 2012 Champion Award to Minnesota Governor Mark Dayton for his demonstrated support of community health centers and Minnesota's underserved populations. The award this year honors the work of community health worker Dorii Gbolo, former CEO and advocate of the medically underserved at Open Cities Health Center in St. Paul, who passed away June 30, 2012.

The 2012 Bruce Zimmerman Diabetes Award was presented by the Minnesota Diabetes Steering Committee and MDH Diabetes Program to dietician Arlene Becker, from West Side Community Health Services in St. Paul.

Attendees participated in a variety of breakout sessions that demonstrated how safety net providers are stepping up to the plate to transform care, with a focus on promoting health equity, preventing chronic disease, and assuring access to care:

- ✦ The impact of health reform on the delivery of care to the medically underserved was featured in a session on certified health care homes, in which providers, patients, and families work together to improve health outcomes and quality of life for those with chronic health conditions and disabilities.
- ✦ Representatives from the African American Breast Cancer Initiative described their efforts to improve clinic systems and outreach programs in a population where women are more likely to be diagnosed with late-stage breast cancer and have a higher mortality than other populations.

- ✦ Advocates for community health workers (CHWs) described how health care reform offers opportunities for integrating CHWs in ways that reduce health disparities through patient-centered teams, health insurance exchange, disease screening and management, home visits and systems to avoid unnecessary ER visits and hospital readmissions.

Mark your calendars for sessions like this and more at next year's conference: October 24-25, 2013.

"How confident are you in filling out medical forms?"

This simple question can help providers identify patients with low health literacy. Earlier studies indicated that nearly half of the U.S. population has limited health literacy, which is associated with poor health outcomes. The question can be asked on the telephone or in person. Responses were rated on a Likert scale (not at all, a little, somewhat, quite a bit, and extremely). Research subjects were also asked "how often do you have problems learning about your medical conditions?" and "How often do you have someone help you read hospital materials?"

"Validation of self-reported health literacy questions among diverse English- and Spanish-speaking populations," Urmimala Sarkar, MD, MPH, Dean Schillinger, MD, Andrea Lopez, BS, et al, *Journal of General Internal Medicine* 26(3), pp. 265-271.

MORE NEWS

Collecting and Using Race, Ethnicity, and Language Data to Improve Care and Achieve Meaningful Use

Accurately collecting race, ethnicity, and language (REL) data is the first step to addressing disparities in health care. Collecting REL data is a requirement to achieving Stage 1 and Stage 2 Meaningful Use and, as of 2011, required as part of MN Community Measurement (MNCM) reporting.

Stratis Health is recruiting primary care clinics to participate in an REL Project which will identify best practices, barriers, and insights into collecting and reporting REL data to decrease disparities in health care. The project will include a survey and interview with key members of each participating practice. The project will focus on internal processes, procedures, and training for collection of REL data and how the clinic has used the data to improve care. The intent of the project is to identify themes across clinics and provide recommendations for improvement.

What does this mean for participating clinics? Better data, better patient care, and ensuring state and national reporting requirements are achieved. The clinics will be able to use the results of the assessment in strategic planning to improve care processes and reduce disparities in care for their patient populations. Participation will help clinics understand how to use the data to compare quality indicators with their peers and prepare for future state and national reporting requirements.

To participate in this project, or just to learn more about it, contact Mary Beth Dahl, program manager, mdahl@stratishealth.org, 952-853-

8546, or Jane McGrath, program manager, jmcgrath@stratishealth.org, 952-853-8551.

TB Most Common Health Condition in Refugees New to Minnesota

Health screenings identified tuberculosis (active and latent) as one of the most common health conditions found in refugees recently resettled in Minnesota. Although latent TB is non-contagious, it can become active if untreated.

At the September 4 meeting of the Minnesota Department of Health (MDH) Metro Refugee Health Task Force, Epidemiologist Kailey Nelson, presented the latest arrival numbers and health screening rates for refugees arriving in the U.S. and Minnesota. Minnesota ranks #12 in the U.S. among resettlement states, with Texas, California, and New York listed as the top three states. The majority of refugees resettled in the U.S. in 2011 were from Afghanistan, Iraq, and Somalia. In Minnesota, over half of refugees arriving in 2011 were from Burma and were resettled in Ramsey County. (So far this year, as of August 26, the majority of refugees were from Somalia, followed by Burma and Bhutan.)

For more information about refugee communities in Minnesota and their health issues, read about the [MDH Refugee Health Program](#), visit the [Refugee Health Lending Library](#), and subscribe to the [Refugee Health Quarterly](#).

Foreign-born Patients Twice as Resistant to TBM Drug

A recent Agency for Healthcare and Research Quality (AHRQ) study finds that foreign-born patients with

tuberculous meningitis (TBM), an infection of the membranes that cover the brain and spinal cord, are twice as likely to be infected with a strain that resists the most commonly used TB drug Isoniazid. Researchers recommend more studies to help clinicians determine which therapies will improve outcomes for patients with TBM.

Higher Readmission Rates for Spanish-Speaking and Chinese-Speaking Patients

Compared to English-speaking patients, Spanish-speaking and Chinese-speaking patients had higher readmission rates according to a recent AHRQ study. Of the 7,023 patients in the study, only 14 percent of the non-English speaking patients used professional staff interpreters. Researchers see a need to develop and assess best practices for creating a culture of professional interpreter use in hospitals.

“Influence of language barriers on outcomes of hospital care in general medicine in patients,” Leah S. Karliner, MD, Sue E. Kim, PhD, David O. Meltzer, MD, PhD, Andrew D. Auerbach, MD, *Journal of Hospital Medicine* 5, pp.276-282, 2010.

Mexican Women Born in the U.S. May Be More at Risk for HPV and Cervical Cancer

Acculturated Latina women (women who speak, read, and think in English) may be at twice the risk for contracting human papillomavirus (HPV) and cervical cancer than less-acculturated Latinas. In a study, researchers found the acculturated group also had higher rates of other sexually transmitted infections. AHRQ researchers suggest targeting this group for increased HPV vaccination and promoting healthier sexual choices and increased Pap smears as an effective method for reducing cervical cancer rates.

RESOURCES

Improving Patient Safety Systems for Patients With Limited English Proficiency: A Guide for Hospitals

Research suggests that adverse events affect patients with limited English proficiency (LEP) more frequently, are often caused by communication problems, and are more likely to result in serious harm compared to those that affect English-speaking patients. This [guide](#) focuses on how hospitals can better identify, report, monitor, and prevent medical errors in patients with LEP.

TeamSTEPPS Enhancing Safety for Patients With Limited English Proficiency Module

The TeamSTEPPS Limited English Proficiency [module](#) is designed to help you develop and deploy a customized plan to train your staff in teamwork skills and lead a medical teamwork improvement initiative in your organization. This evidence-based module will provide insight into the core concepts of teamwork as they are applied to your work with patients who have difficulty communicating in English. Comprehensive curricula and instructional guides include short case studies and videos illustrating teamwork opportunities and successes.

Fact Sheets from the 2011 National Healthcare Quality and Disparities Reports

- [Disparities in Health Care Quality Among Minority Women](#)
- [Disparities in Healthcare Quality Among Racial and Ethnic Groups: Selected Findings](#)
- [Healthcare Quality and Disparities in Women: Highlights](#)



Conozca las preguntas (Know the Questions)

A national [public service campaign](#) offers tips to help Latinos prepare for medical appointments by thinking ahead of time about questions to ask their doctors during medical appointments. National public service announcements direct audiences to tips and other important health information in Spanish. Research shows that Latinos often seek medical treatment advice from friends, coworkers, and acquaintances rather than going to the doctor. They may be intimidated or embarrassed to ask doctors questions. 2008 data show that 47 percent of adult Latinos reported not having seen a doctor, compared with 29 percent of adult non-Latinos.

MDH Spoken Language Health Care Interpreter Roster

The Minnesota Department of Health's interpreter [roster](#) lists spoken languages and persons who interpret those languages. It can be searched to show the names and expiration dates of all spoken language interpreters who have applied to be on the roster, and can be searched by language and geographic area to find available interpreters. Also shown are health care subject areas and specialty settings in which the interpreter may have work experience. The information on the roster is provided by each interpreter and has not been verified. At this time there are no qualifications to be included on the roster. Inclusion on the roster is not evidence of being a certified health care interpreter.

Minnesota Network of Hospice and Palliative Care Offers Multicultural Resources

The Minnesota Network of 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. Hospice 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 [multicultural resources](#).

[More >>](#)

EVENTS

November 29-30, 2012 Grants Writing Workshop Washington County Sheriff's Office Stillwater, MN

A two-day grant writing workshop is being conducted for beginning and experienced grant writers from city, county, and state agencies as well as nonprofits, K-12, colleges and universities. Cost: \$425. Contact Client Services, cs@grantwritingusa.com, 800-814-8191.

December 4, 2012 Cancer in Your Community Workshop: Breast, Cervical, Colon, and Lung Cancer Veterans Service Center St. Paul, MN

Intended for community health workers, health educators and providers, and other persons working in communities that experience an unequal burden of cancer, this free, workshop will provide skills to teach others about cancer and community resources. Registration deadline: November 22. Contact Kristin Berget, 651-556-0673, kristin.berget@state.mn.us.
[More >>](#)

Diversity Rx 2013 Conference: Quality Health Care for Cultur- ally Diverse Populations Achieving Equity in an Era of Innovation and Health System Transformation March 11 - 14, 2013 Oakland, CA

This conference will explore how health reform and changes in policy, financing, information technology, clinical practice, and systems design can improve health care delivery, while accommodating the unique needs of cultural and linguistic diversity.

[More >>](#)

STRATIS HEALTH CONTACTS

Mary Beth Dahl, RN, CPC,
CPHQ, Program Manager
mdahl@stratishealth.org
952-853-8546

Mary Montury
Program Coordinator
mmontury@stratishealth.org
952-853-8541

Cathy Weik, MAL, SPHR,
CCEP, Program Lead Health
Disparities
cweik@stratishealth.org
952-853-8519

Margaret LeDuc
Editor
mleduc@stratishealth.org
952-853-8578

President and CEO
Jennifer P. Lundblad, PhD, MBA

Director, Medical Affairs
Jane Pederson, MD, MS

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

Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works toward its mission through initiatives funded by federal and state government contracts, and community and foundation grants, including serving as Minnesota's Medicare Quality Improvement Organization.

Stratis Health

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

Email: info@stratishealth.org
www.stratishealth.org



Culture Care Connection is
Produced with Support from

