



CULTURE CARE CONNECTION

www.culturecareconnection.org

Increasing the cultural competence of health care providers serving culturally diverse populations
Winter 2017

Funded by Ucare

Making Community-Specific Connections for Better Health

In a state where over 400,000 residents are [foreign-born](#), one health care organization is using culturally responsive strategies to improve health by increasing mutual understanding and participation from communities that do not fit the traditional mold of delivering care.

[Southern Prairie Community Care \(SPCC\)](#) is a regional, 12-county organization in southwest Minnesota that focuses on community-based care coordination and innovative health informatics. SPCC's sister agency, Southern Prairie Center for Community Health Improvement (CCHI), takes a community-focused approach to population health, in part by concentrating on what it can do in communities to cultivate wellness and prevent chronic disease.

SPCC and CCHI have supported the goals of the National Diabetes Prevention Program for several

years by performing screenings and education. However, they discovered that the intensive, 16-week training and monthly follow-up was not effective at reaching all groups within the communities they serve.

To help address this, they developed an authentic and inclusive wellness



SPCC Somali Cultural Liaison Abdirahman Abdi



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curriculum to better serve their Somali, Spanish speaking, and Micronesian populations. Currently being piloted, this shorter, four-to six-week course includes emphasis on movement, nutrition, and mindfulness in culturally responsive ways.

Norris Anderson, SPCC medical director, said, "Somali, Micronesian, and even Spanish speaking individuals have a different way of approaching diet and the types of food they normally eat compared to a typical Caucasian diet. To make it effective you have to modify diabetes and wellness education based on understanding what their normal, preferred diet is."

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CCHI is working to develop a deeper understanding of diverse cultures so that they can go beyond their wellness curriculum to prevention and the role of trauma in the health of many populations.

To do this, SPCC and CCHI are exploring the impact of cultural liaisons and community health workers (CHW) in seeking better understanding of diverse populations.

In one community, a cultural liaison was instrumental in understanding the social structure of the East African community and helped to develop trust and better engagement.

In another community, the Somali cultural liaison helps health providers better understand the factors behind high emergency department use. In the Twin Cities during the spring 2017

measles outbreak in the Twin Cities, a cultural liaison was able to obtain access for the Kandiyohi County Director of Health and Human Services and a local physician to speak at a meeting at a major mosque. Because of the work of this cultural liaison, 400 community members heard from health care experts about the importance of proper immunizations.

Liaisons also can help offset limitations of other patient-centered engagement strategies designed to be used with a more typical Caucasian population.

Methods like shared decision-making, teach-back, and motivational interviewing can still be useful.

However, when working with the East African community, for example, the

liaison's understanding of cultural principles, gender issues, and ways in which language can or cannot communicate concepts allows for deeper understanding, developed trust, and better engagement.

Success with the Somali cultural liaison project is leading CCHI and SPCC to explore program expansion to include other cultural groups across communities, and to develop the role to include the capabilities of a community health worker.

“We believe in this model,” said Anderson. “We’re positioned to help extend this model to new communities across southwest Minnesota.”

CLINICAL CORNER

Improve Your Patients' Self-Management of Their Diabetes or Pre-Diabetes



Hosting a diabetes self-management workshop at your facility or in your community can help reach more of the at-risk people you serve.

In Minnesota, racial and ethnic disparities in diabetes exist that are reflected in the disease's prevalence, complications, death rates, and preventive care received.

According to the Minnesota Department of Health, diabetes is the sixth leading cause of death in the state, and the leading cause of blindness, kidney failure, and lower-limb amputations. African Americans, Hispanics/Latinos, and American Indians in Minnesota had diabetes as an underlying cause of death 2-5 times more often than Asian Americans and non-Hispanic whites.

Racial and ethnic disparities in diabetes complications and diabetes-related deaths are made worse by a variety of factors, including poor access to diabetes medicines, supplies, and preventive care. Lack of culturally and linguistically appropriate diabetes education materials and

support systems, and lack of culturally diverse or culturally competent health care providers further impede effective diabetes management for these populations.

Did you know that you could host an interactive, culturally responsive diabetes workshop for Medicare and other patients in your facility or your community? Stratis Health, as part of the Lake Superior Quality Improvement Network, offers Diabetes Self-Management Program (DSMP) workshops, an evidence-based curriculum developed by Stanford University that uses plain language to teach self-management skillsets to patients who have pre-diabetes or diabetes.

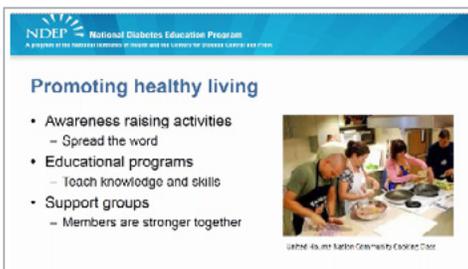
DSMP workshops are a simple way to augment the care you already provide to your patients who have diabetes or pre-diabetes. Workshops are free or low-cost to patients. You provide the meeting room and attendees; we provide the trained facilitators and materials. For more information about hosting a workshop or about referring your patients to already scheduled workshops, contact Amy Heikkinen, aheikkinen@stratishealth.org, 952-853-8547, or visit the [Lake Superior QIN website](#).

NEWS AND RESOURCES

Grant Helps United Way Train Community Health Workers, Focus on Diabetes and Cardiovascular Diseases

This *Minnesota Spokesman-Recorder* article tells how United Way's partnership with Medtronic Foundation is allowing them to train community health workers with connections to the at-risk communities they serve.

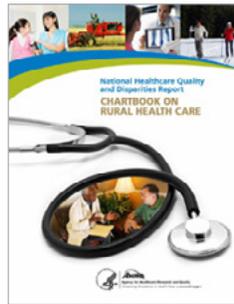
[More >>](#)



Recorded Webinar: The Role of Faith Leaders and Health Ministries in Improving the Health of Their Communities

This HHS Office of Minority Health Resource Center webinar discusses how faith leaders and health ministries play an active role implementing diabetes health programs in church settings. Speakers from the Centers for Disease Control and Prevention (CDC) and Central Baptist Church in Knoxville, Tennessee will highlight the role of faith leaders in contributing to improve the health of their church members and their communities, and how the CDC National Diabetes Education Program's (NDEP) [Faith Leaders Toolkit](#) can help.

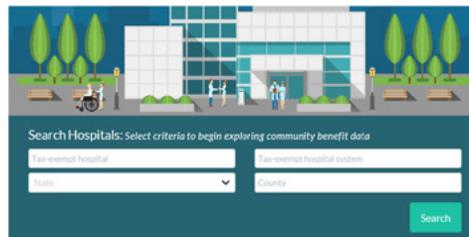
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Updated Report: Chartbook on Rural Health Care: National Healthcare Quality and Disparities

Updated October 2017, this Agency for Healthcare Research and Quality chartbook includes a summary of trends across measures of health care in rural areas from the *National Healthcare Quality and Disparities Report* and figures illustrating select measures of health care in rural areas.

[More >>](#)



New Resource: Community Benefit Insight Tool

Developed by the Center to Advance Community Health & Equity, this searchable online tool for comprehensive community benefit data enables organizations dedicated to improving community health to assess how hospitals allocate resources.

[More >>](#)

Autism and the Somali Community

This Minnesota Department of Health web page offers resources and information on autism for Somali families, including a brochure for parents in both English and Somali.

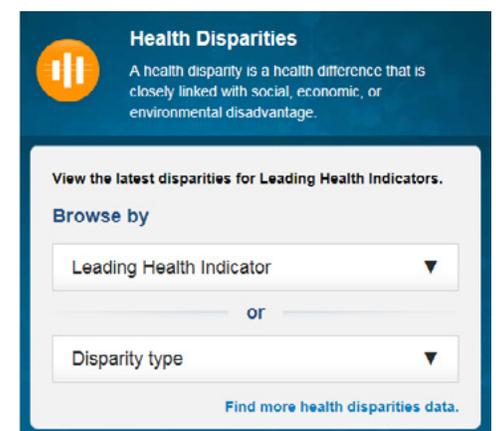
[More >>](#)

When Doctors Refuse to See Transgender Patients, the Consequences Can Be Dire

Because so few physicians will treat this population, many transgender people have given up trying to find medical care, or are afraid to seek routine and emergency care. A [2014 Williams Institute study](#) on transgender suicidality showed that 60 percent of transgender patients who are unable to find physicians have attempted suicide.

In this *Washington Post* Perspective article, physician Laura Arrowsmith gives a personal and confirmatory account of how damaging our health care system can be for transgender persons.

[More >>](#)



Healthy People 2020 Health Disparities Data Widget

The Office of Disease Prevention and Health Promotion, National Center for Health Statistics, and the Office of Minority Health released a new HealthyPeople.gov data search function. The Health Disparities widget is a new way for individuals to access information on health disparities.

[More>>](#)

EVENTS

Asian Indian Free Monthly Family Wellness Clinics 11:00 a.m. - 2:00 p.m.

Second Sunday of every month
Gurdwara - Sikh Society of Minnesota,
9000 W. Bloomington Ave., Bloomington.

Third Sunday of every month
Sri Venkateswara Temple
7615 Metro Blvd., Edina.

Fourth Sunday of every month
Hindu Temple of Minnesota,
10530 Troy Lane N., Maple Grove.

SEWA-AIFW Asian Indian Family Wellness provides glucose, cholesterol, and Hepatitis B and C testing; blood pressure measurements; medical consultations; and referrals to low-cost, culturally sensitive health services.

[More >>](#)



Webinar | American Indian and Alaska Native Behavioral Health: Tackling the Opioid Epidemic in the Chickasaw Nation Thursday, January 25, 2018 2:00 - 3:00 p.m.

Presented by U.S. Department of Health and Human Services Office of Minority Health, and National Partnership for Action to End Health Disparities. This webinar highlights [Define Your Direction](#), a comprehensive prescription opioid abuse prevention movement created by the Chickasaw Nation.

[More >>](#)

Webinar | Adapting Medical-Legal Partnership to Your Health Center & Community Tuesday, January 9, 2018 1:00 - 3:00 p.m.

U.S. Department of Health and Human Services Health Resources and Service Administration webinar. A medical-legal partnership is an interdisciplinary collaboration between a medical entity such as a hospital or clinic and a legal entity such as a lawyer, law school, or legal aid society created to address barriers to health care access and limitations to well-being. Addressing the legal concerns of these patients can improve access to medical services, reduce family stress, and address legal concerns that contribute to poor health.

[Register >>](#)

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

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

Stratis Health

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