



Six Steps Toward Cultural Competence

How to Meet the
Health Care Needs
of Immigrants and Refugees



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How to Meet the Health Care Needs of Immigrants and Refugees

Recommendations from the
Minnesota Public Health Association's
Immigrant Health Task Force



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Design services donated by Boynton Health Service, University of Minnesota
Printing donated by 3M Community Affairs Foundation

Copies of this report are available from
Refugee Health Program
Minnesota Department of Health
717 Delaware Street S.E.
Minneapolis, MN 55440

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Executive Summary



This is a report for anyone interested in the relationship between health and culture in Minnesota. It tackles one important question:

How can health care be more accessible to immigrants and refugees who come to our state?

The report proceeds from three premises: that access to health care should be universal for Minnesotans, whether they are “new” or “old”; that such access is, in fact, more difficult for Minnesotans who are immigrants or refugees, and that we can, and should, take steps to correct this inequity.

By taking the steps outlined in this report, we will become more culturally competent as health care providers, consumers, administrators, scholars, policy-makers, and citizens. The report is the work of a yearlong task force created by the Minnesota Public Health Association. Members of the Task Force are listed in appendix c.

What Is Cultural Competence?

Every human being is a member of many cultures. Culture influences an individual’s health beliefs, practices, behaviors, and even the outcome of medical treatments. Because of this, health care providers must learn about culture. We must try to become culturally competent.

Cultural competence in health care is defined in this report as the ability of individuals and systems to respond respectfully and effectively to people of all cultures, in a manner that affirms the worth and preserves the dignity of individuals, families and communities. **Cultural competence is important in every aspect of our public lives, but it is a critical skill for health care providers, who deal daily with diverse people in life-and-death situations.** To be culturally competent, a provider should acknowledge culture’s profound effect on health outcomes and should be willing to learn more about this powerful interaction.

Moving Toward Competence: Six Steps

Complete cultural competence is not so much a goal, as a continuous process. This report identifies six critical steps in the journey toward cultural competence in health care for immigrants. We will know we are moving toward cultural competence when we:

- **involve immigrants in their own health care**
- **learn more about culture, starting with our own**
- **speak the language, or use a trained interpreter**
- **ask the right questions and look for answers**
- **pay attention to financial issues, and**
- **find resources and form partnerships**

The report is intentionally short. We want it to be used, not filed for later reading. The appendices include just a sampling of the many useful resources available.

Why Cultural Competence?



Doctor: *Why does your child have these red marks on her arm? Did someone abuse her?*

Mother: *No, my child had a fever, so I rubbed a coin over her skin.*

Admitting Clerk: *How old are you? When were you born?*

Elderly patient: *I am older than anyone in my community. I was born in the year of the flood.*

Doctor: *How long have you been feeling this way? What do you think has caused your symptoms?*

Patient: *I come to the doctor to get answers and treatment, not to be asked so many questions!*

Do these scenes sound or look familiar? If they do, it's because scenes like these are increasingly common in Minnesota hospitals, clinics and doctors' offices. If you're a Minnesotan involved in health care, chances are, you've dealt with an increasing number of immigrant patients every day.

Changes in Minnesota's Health Care

Of course, except for Native Americans, all Americans are immigrants. Our country was built on immigrant energy and enterprise, and people from all over the world still emigrate to America. Nearly a million new arrivals enter the country each year. Some come for political reasons, others are joining relatives, and some come for work. Of these, thousands settle in Minnesota each year. Others come as "secondary immigrants" after first settling elsewhere. Minnesota receives its share of undocumented immigrants, as well. Each "new Minnesotan" brings with him or her a new challenge to our health care system.

What happens when these new Minnesotans, many of whom are unfamiliar with the biomedicine practiced in the U.S., end up in the hospital? What happens when a Western-trained provider serves a patient whose expectations about life-and-death matters are vastly different from her own?

Health care providers throughout the state are considering these questions, and working hard to provide sensitive, informed, culturally competent care when their patients' languages and cultures differ from their own.

What is This Report and Who Is Responsible for It?

This report is a guide for both providers and consumers of health care as well as administrators, policy makers, academics, and members of the general public who are interested in improving health care for immigrants to Minnesota. The report is the result of a yearlong series of discussions by the members of the Minnesota Public Health Association's Immigrant Health Task Force. (For a complete list of Task Force members, see appendix c.)

Task Force members, themselves providers, advocates and consumers of health, education and social services, were directed to produce a report that would:

- promote access to quality care for refugees and immigrants
- collect resource information about relevant programs and services, and
- encourage cooperation among health care agencies.

What Were Our Guiding Assumptions?

As task force members, we began with individual assumptions about health care and immigrants. As meetings progressed, we acknowledged those assumptions collectively. As a group, we agreed that everyone deserves access to quality health care, and that we all have an obligation to eliminate barriers to such access. These basic assumptions inform the recommendations in this report.

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Cultural competence in health care is defined in this report as the ability of individuals and systems to respond respectfully and effectively to people of all cultures, in a manner that affirms the worth and preserves the dignity of individuals, families and communities.

Cultural competence is important in every aspect of our public lives, but it is a critical skill for health care providers, who deal daily with diverse people in life-and-death situations.

The culturally competent provider:

- has the knowledge to make an accurate health assessment, one which takes into consideration a patient's background and culture;
- has the ability to convey that assessment to the patient, to recognize culture-based beliefs about health and to devise treatment plans which respect those beliefs; and
- is willing to incorporate models of health and health care delivery from a variety of cultures into the biomedical framework.

To be culturally competent, a provider should acknowledge culture's profound effect on health outcomes and should be willing to learn more about this powerful interaction. We hope our report's recommendations will help you in your journey toward cultural competence.

Why Does Cultural Competence Matter?

Why do these recommendations matter? Is cultural competence a luxury for health care providers? We don't think so. Much has been written about the hazards of ignoring cultural factors in diagnosis and treatment of immigrant patients. Other research documents the fact that culturally competent care improves diagnostic accuracy, increases adherence to recommended treatment, and reduces inappropriate emergency room use. (See the bibliography in appendix b and the supplementary resource packet for a few of these key articles).

Based on the evidence and on our collective experience, we believe that culturally competent care is not just an ethical nicety. It is a clinical imperative and a financial necessity.

Six Steps Toward Cultural Competence

Our meetings over the past year reaffirmed the obvious: Cultural competence is a journey, not an endpoint. Because cultures are constantly evolving, no health care practitioner can hope to be completely familiar with health beliefs of all of his or her immigrant patients, nor can patients realistically expect such encyclopedic awareness from their providers.

Further, there is no cookbook for competence, no secret formula for sensitivity. Those who seek to standardize a culture's beliefs and practices are dealing in stereotypes.

Nevertheless, there are steps we can all take to improve the level of cultural competence in Minnesota's health care facilities, whether we are providers, patients, administrators, scholars, or policy makers.



Here are the steps we recommend:

- Involve immigrants in their own health care**
- Learn more about culture, starting with your own**
- Speak the language, or use a trained interpreter**
- Ask the right questions and look for answers**
- Pay attention to financial issues**
- Find resources and form partnerships**

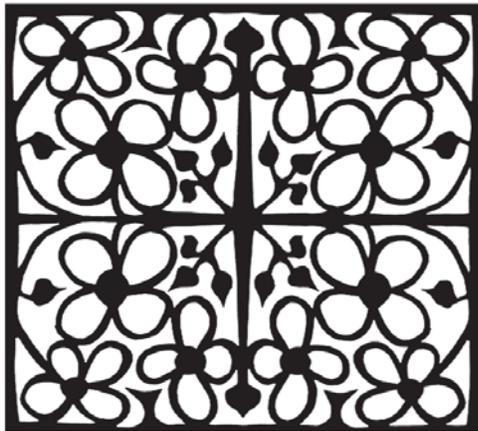
The rest of this report elaborates on these steps, with specific suggestions for health care providers, teachers, patients, administrators, policymakers and members of the interested public. Whatever your role is, these suggestions are action steps to take. As you go through this report, you may see ideas that seem particularly relevant or useful. Jot them down on the next page, and take action!

Six steps I can take toward cultural competence

Here's how I will...

- 1.** Involve immigrants in their own health care.
- 2.** Learn more about culture, starting with my own.
- 3.** Speak the language, or use a trained interpreter.
- 4.** Ask the right questions and look for answers.
- 5.** Pay attention to financial issues.
- 6.** Find resources and form partnerships.

1. Involve Immigrants in Their Own Care



Administrator: *Why haven't our immigrant patients been using the new special clinic we set up for them? It's been two months and we haven't seen many new patients.*

Interpreter: *Maybe you should try asking them. Or we could put an ad in the community's newspaper.*

How do we know if immigrant patients are satisfied with their care at our hands? Consumer advisory committees, patient satisfaction surveys, community focus groups and marketing surveys are all useful strategies—if they involve immigrant patients in a meaningful way. Here are some other suggestions:

If you are a health care administrator or provider:

- Ask immigrant patients if they're satisfied. Check with them in waiting rooms, while their experiences are fresh in their minds. Encourage them to write comments in a log, in their own languages.
- Recognize that in many cultures, family members are deeply involved in individual members' health decisions. Involve extended family members whenever possible in planning care.
- Train bilingual and bicultural staff or volunteers to orient patients to the health care system, and to document complaints as floorwalkers and observers.
- Include patient and bilingual staff input in designing Continuous Quality Improvement indicators.
- Make complaint mechanisms clear and safe. Make sure patients know who to talk to. Don't just rely on formal incident reports; develop a short, informal complaint form.
- Look for patterns of complaints to identify a trouble spot. Some patients may not want to speak up or "complain." Tell them you are looking for ways to improve the system.
- Use bilingual staff in member services of health plans. Be sure to diversify staff at all levels in any facility.
- Remember that social workers and other staff can also serve as patient advocates.
- Assemble a community board to help oversee delivery of services. Contact immigrant mutual assistance associations for feedback. See the supplementary resource packet for ideas.

If you are a health policy-maker or an interested citizen:

- Tap into existing, organized groups to link with community health concerns.
- Work with community groups to develop public meetings at which patients can air grievances and give input. Don't wait for a crisis to meet community leaders.
- Help health care facilities diversify their staffs. Promote initiatives to hire, train and retain immigrant health care providers, such as financial assistance or expedited licensing.

If you are a patient or an advocate for the immigrant community:

- Bring a family member or friend along to serve as an advocate. They can speak up for you if you feel confused or overwhelmed.
- Volunteer to help provide health education to members of your community. You will be a trusted source of information.
- If you are not satisfied with your treatment, talk first with the patient representative at the facility. If that doesn't help, call the Department of Human Services Ombudsperson. See appendix a for the number.

If you are a teacher or a researcher:

- Use immigrant community co-investigators when possible.
- Avoid overuse of focus groups; they are unfamiliar and threatening to many immigrant patients.
- Use research methods that are appropriate to the cultural group you are studying. Make sure these methods are well-grounded in sociocultural theory.

2. Learn More About Cultures, Starting With Your Own



Patient 1: In my country, white is the color of medicine. I'm comforted to enter a hospital and see authoritative-looking doctors wearing white coats.

Patient 2: Really? In my country, white is the color of mourning! When we wear white, it means someone has died.

We have some assumptions about health and illness that are ours alone, and others that we share with members of our cultural groups. It's tempting to think of ourselves as culturally sensitive, especially if we have dealt frequently with people from other cultures, but we all wear cultural blinders. Here are some ways to remove those blinders.

If you are a provider:

- Assess your own cultural competence. Use the self-test included in the supplementary packet.
- Read about the language, customs and health beliefs of the patients you see most frequently, but remember that culture is dynamic, and that acculturation is always influencing those beliefs.
- Have personal contact with communities from which your patients come. Attend community events like the Cinco de Mayo Festival, or the Hmong community's annual soccer tournament.
- Remember that culture is not homogenous. There is great diversity among individuals, even in the smallest cultural group.
- Build trust by explaining unfamiliar or intimidating procedures. Tell patients what they can expect throughout a course of treatment.
- Be ready to negotiate or to suggest alternatives to undesirable procedures.
- Explain to patients that the system of medicine in the U.S. relies on asking a lot of questions to help make a diagnosis.
- Realize that patients from another culture will have different ideas about competent treatment. They may, for example, expect a prescription with each office visit.
- Use media that are familiar to your patients. Not everyone reads brochures and many prefer oral communication; put health messages in community newspapers, on T.V. and radio programs and at community gathering places.

If you are a patient:

- Be ready to teach providers who may be unfamiliar with your culture's health practices.
- Recognize that some home medicines you may be using can interact dangerously with other, prescribed treatments. Tell all your providers about all your medications.
- Be patient with all the questions that doctors ask. It is their way of finding out what is wrong, and how they can help.
- Recognize that you may not be given a treatment every time you visit a doctor.

If you are a teacher or researcher:

- Teach students of health care professions about culture and its impact upon health. Incorporate such teaching into the core curriculum so all students are exposed to it.
- Help document the impact of culturally appropriate care. Well-conceived research is needed to demonstrate its cost-effectiveness.

If you are an administrator:

- Lead the way for your facility by arranging for staff training in cultural competence.
- Assess your facility's level of cultural competence. Use the assessment tool in the supplementary resource packet.
- Develop or update your facility's cultural competence policies. A sample policy is included in the supplementary resource packet.
- Require health care providers (everyone from the receptionist to residents to the CEO) to take continuing education in cultural competence.
- Hire and retain a diverse staff. Consider building an "international team" to assist with culturally specific care. At the very least, designate one staff person as a cultural health resource contact.

If you are a policy maker:

- Make continuing education in cultural competence for health care providers a licensing requirement.
- Promote culturally appropriate programs about health in elementary and secondary schools.
- Set up mentoring programs to integrate young immigrants into health professions.

3. Speak the Language, or Use a Trained Interpreter



Doctor: How is your grandmother feeling?

Granddaughter: She says she has yellow ear.

Doctor: Yellow ear? What does that have to do with her urinary tract infection?

Granddaughter: I don't know anything about her private body parts! I'm just telling you what she says.

Communication is hindered when patient and provider don't speak the same language, and a good interpreter can literally save lives. But not just anyone who speaks two languages can serve as an interpreter in health care situations. Most health care facilities agree that family members should not be used as interpreters. More facilities are relying on trained interpreter staff, but we still have a long way to go. Until universal standards are agreed upon for translation and interpretation in medical settings, providers and patients will have to cooperate to reach a mutual understanding.

If you are a provider:

- Arrange for a trained interpreter when you have a patient whose English proficiency is limited. Do not rely on family members or friends.
- There are specific techniques for working with clients whose English proficiency is limited. For example, you should speak to the patient, not to the interpreter. For more on working with interpreters, see the supplementary resource packet.
- Allow more time for an appointment if you are using an interpreter. Remember that everything will have to be said in two languages!
- Make sure everyone—the patient, the family, and your staff—understand the role of the professional interpreter.
- Provide appropriate translated materials to supplement what you tell patients. See the supplementary packet for sources.
- Ask your patients how they prefer to absorb new information. Consider alternate methods of patient education, such as peer discussion groups or videotapes, instead of written material.

If you are a patient:

- It's a good idea to bring along a trusted family member to important appointments, but don't use family members—especially your children—as interpreters.
- Ask for an interpreter if you need one, even if you can usually communicate. Medical language is sometimes complicated, and messages about your health are always important to understand fully.
- Let someone know if you have a problem with the interpreter assigned to you. You should be able to request a different person if you are truly dissatisfied.
- If you are interested in health care, consider becoming a trained interpreter. See the supplementary packet for training sources.

If you are an administrator:

- Develop or update your facility's language services policy. See the supplementary packet for a model policy.
- Make sure that everyone in your facility understands the role of the professional interpreter. See the Interpreter Code of Ethics, in the supplementary packet.
- Set aside sufficient funds to cover interpreter services and training for them. Good interpreters will save money for the facility in the long run.
- Collaborate with other facilities to make interpreter services more affordable, perhaps through joint contracts. Use telephone interpreter services as a last resort; they are cumbersome, expensive, and usually inadequate to health care discussions.
- Make one staff person the contact in your facility for arranging interpreter services.

If you are a policy maker:

- Support state and national efforts to standardize training and certify interpreters.
- Push for greater funding and clearer mechanisms for reimbursement of interpreter services.

If you are a teacher or researcher:

- Conduct research that documents the cost-effectiveness of culturally competent care

4. Ask the Right Questions and Look for Answers



Clerk: This patient is a recent arrival from Africa. He's complaining of a high fever and flu-like symptoms.

Nurse: It is probably just the flu, but the doctor may want to order a blood smear for malaria, just in case.

The prevalence of acute and chronic medical conditions of new immigrants may be very different from that of U.S.-born patients—or they may be very similar. It's important to ask the right questions when seeing an immigrant patient. Your observations and questions can help improve care and remove barriers for immigrants. Patients,

too, can ask crucial questions if they are encouraged to be active, informed health care consumers.

If you are a provider:

- Ask yourself: if I were not familiar with this facility/treatment/provider and I spoke a different language, would I feel comfortable here?
- Find ways to ask open-ended questions whenever possible. Try not to cut off a seemingly roundabout response; it may contain useful information. Acknowledge the patient's perception of illness and self-care practices.
- Look for “teachable moments” when an individual or a community may be more approachable. Sometimes a health crisis can also be a chance for learning.
- Help patients learn ways to communicate that will help you assess their needs. See the supplementary packet for lists of questions you and your patients can ask.
- Identify staff who can help patients be more informed about health care choices.

If you are a patient:

- Write down questions about your illness or treatment, or bring along a friend or family member who can help speak for you. See the supplementary packet for a list of possible questions.
- Take advantage of services and facilities designed to help you, such as interpreters and special clinics. Ask for materials and prescriptions that are translated if you need them. Don't guess!
- Speak up about conditions and services that don't seem designed with you in mind.

Researcher: *I wonder if the new international unit at the clinic is seeing better clinical outcomes with immigrant patients than the old unit.*

Administrator: *Why not design a study to find out?*

Formal research is simply asking the right questions in a systematic way. Studies that document the effects of more culturally competent care are desperately needed.

If you are a researcher:

- Involve immigrants in design, implementation and review of research and in the dissemination of results back to the community. Pay them for their work.
- Develop indicators that health care facilities can use to assess the cultural competence of their staff. Include both qualitative and quantitative measures. See the sample assessment in the supplementary packet.
- Focus on outcome measurements, rather than solely on documentation of differences or needs. Assess how your facility can do a measurably better job.
- Build your research on a bio-psycho-social model. Publish your results in journals read by hospital administrators and quality improvement staff.

If you are an administrator:

- Conduct an “environmental scan” of your facility. Use the assessment tool included in the supplementary packet.
- Include more ethnic-specific data in your facility’s records to aid research.
- Make cultural competence indicators part of the formal accreditation review process for your facility.
- Consult with academics who have relevant expertise, including cultural and medical anthropologists.
- Include immigrant patients and providers in quality control and research review boards.
- Work with Continuous Quality Improvement staff to develop guidelines for health care services for immigrants. See the supplementary packet for a set of care criteria.
- Lengthen the amount of time providers can spend with immigrant patients, by streamlining paperwork requirements.

If you are a policymaker:

- Examine the impact of managed care on health care services for immigrant and refugee patients. See the supplementary packet for a reference on this subject.

5. Pay Attention to Financial Issues



Doctor: This patient says he doesn't have insurance, so we can't see him here. Where can he go for the follow-up care he needs?

Social worker: I know of several possibilities. Let me talk to him.

An integral part of competent care is assuring financial access to services. In the long run, culturally competent care will also pay off in more accurate diagnoses, in better patient compliance with prescribed treatment, in less inappropriate use of emergency care, and in fewer disputes and lawsuits. Accommodating immigrant patients now, frees up health care resources for us all.

If you are a provider:

- Learn about health care referral options for immigrant patients. If you can't serve them, make sure they are referred as needed, and follow up so they don't fall through the cracks. (See the supplementary packet for a list of facilities serving immigrants.)
- Advocate for greater coverage of health care services for immigrants.

If you are a patient:

- If you need care, but can't afford it, explain your situation to an interpreter, social worker, or patient advocate. Someone can refer you to the services you need.
- Do your part to keep health care costs low. Show up on time for appointments, communicate fully with your provider, and follow the treatment program you agree to.

If you are a policy maker:

- Support initiatives that guarantee universal health care access and coverage, and resist further attempts to shrink health care benefits for refugees and immigrants.
- Reduce disincentives for culturally competent care. For example, allocate more funding for interpreter services.

If you are an administrator:

- Appoint knowledgeable staff to handle immigrant patient referrals.
- Make sure economic assistance staff are up to date with eligibility criteria for assistance applications, and keep track of current health care options for immigrants.

6. Find Resources and Form Partnerships



***Social worker:** What we need is some kind of centralized list of all the clinics that serve immigrant patients, so we can make referrals. How about if you start compiling one now!*

***Clerk:** Let's call around first, to see if a list already exists. It will save us some work.*

In an age of limited resources, partnerships can save time, energy and most importantly, money. Partnerships among private providers, public health agencies, social service agencies and immigrant communities can stretch dollars while providing culturally appropriate services to immigrants. Partnerships between scholarly researchers, health care institutions and immigrant community groups can strengthen efforts to design and evaluate culturally competent care. Whatever your role or interest, check appendix a for potential partners.

In addition, many resources are available to help anyone interested in better health care for immigrants. These are also listed in appendix a and in the supplementary packet.

In Conclusion

If you've read this whole report in search of ways to improve health care for immigrants, **thank you for your interest!** Culturally competent health care matters a great deal to us, and probably to you, too. Our Task Force has disbanded, but we hope our work has been helpful in your efforts to serve your patients.

If you have comments or questions about this report, please contact Task Force Chair Carol Berg, at (612) 623-5693, or any of the other members of the Task Force, listed in appendix c. For more hands-on information and printed resources, check appendix b. For further information about culture and health, contact the Center for Cross-Cultural Health, (612) 624-4668, or any of the other resource organizations listed in appendix a.

Indispensable Resources

Partners

To provide access to health care for immigrants:

MinnesotaCare: A subsidized health program for people who are

- permanent Minnesota residents
- not eligible for medical assistance
- not covered by any other health insurance for the past four months
- unable to get employer-paid health insurance for the previous 18 months
- within income limits.

Annual premium based on income, plus some co-payments. To apply or for more information call 1-800-657-3672 or 296-3862 (metro area.)

Assured Care and Part-Pay Program: Subsidized health care programs for people who are:

- Hennepin county residents
- without health care coverage
- within income guidelines

Cost of services based on a sliding fee scale. For more information, call 348-6141 (Assured Care) or 827-9820 (Part-Pay Program at Family Medical Center).

MetroEast Program for Health: Subsidized health care for people who are:

- age 64 and under
- not currently insured
- not eligible for medical assistance or general assistance medical care
- residents of North End neighborhood of St. Paul
(applications also accepted from other neighborhoods)
- within income guidelines

Small monthly fee, no co-payments. Call 232-4835 for more information.

Neighborhood Health Care Network: Provides information on community clinics with sliding fee scales and flexible payment schedules for people without health insurance. Most community clinics offer case management services to connect people with social and economic safety net resources. Also has on-call interpreters. Call 612-489-2273.

St. Mary's Health Clinics: Health services to medically underserved people in St. Paul and Minneapolis. Clinics operate at scheduled times in various locations; to make an appointment call 612-690-7029.

To address immigrant health issues in general and to help develop immigrant health policies:

Metro Refugee Health Task Force: A network of providers and consumers of health education and social services who meet monthly to share information. Open to anyone. Meets the first Tuesday of the month from 9 to 11 a.m. Call 623-5693 for meeting location.

Refugee Health Program, Minnesota Department of Health: Ensures that new arrivals to the state receive a basic health assessment and follow-up. Keeps statistics on new arrivals, provides information on health screening protocols, cultural and linguistic services, and general immigrant issues. Call 612-623-5693.

Managed Care Ombudsman, Minnesota Department of Human Services: Ensures that medical assistance enrollees in managed care organizations receive appropriate services available within their health plan. Tracks consumer complaints and appeals. Call 1-800-657-3729, extension 6-1256 or 296-1256 (metro).

Minnesota Public Health Association: Membership organization of individuals and groups interested in improving the health of Minnesotans. Offers education and training, advocacy, and health promotion. For more information, call 612-624-2920.

State minority councils: Conduct research, compile information and advise the governor and legislature on issues facing each community. Council members appointed by the current governor of Minnesota.

- Council on Black Minnesotans: 2233 University Avenue Suite 426 St. Paul, Minnesota 55114 (phone) 612-642-0811
- Council on Asian Pacific Minnesotans: 205 Aurora Avenue, Suite 100, Saint Paul, Minnesota, 55103 (phone) 612-296-0538
- Council on Affairs of Chicano/Latino People: 50 Sherburne Avenue, Saint Paul, Minnesota, 55155 (phone) 612-296-9587

Resources

For further information and referrals:

Center for Cross-Cultural Health: A Minnesota-based clearinghouse of information, training and research on the relationship between culture and health. For more information, call 612-624-4668.

International Institute of Minnesota: Publishes the *Minnesota Ethnic Resources Directory*, a listing of international and cross-cultural organizations. Call 612-647-0191.

United Way First Call for Help: Publishes an annual resource directory with descriptions and phone numbers for social service agencies. Call 612-335-5000.

Resources for Cross-Cultural Health Care: A Washington-based national network of individuals and organizations working to improve access to health care services for linguistically and culturally diverse populations. Call 301-588-6051.

Office of Minority Health, U.S. Department of Health and Human Services: A national resource for minority health information. Provides information and referral and policy analysis. Bilingual resource center staff respond to requests for information using databases on minority health, funding, media, research, and resource persons. Call 800-444-6472.

For more information

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Supplementary Resources

Six Steps: For Further Reading.....\$7.50

This packet of supplementary publications offers sample policies, tools for assessing cultural competence, readings on the impact of managed care, statistics on immigrant populations, and more. Included are:

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- *Interpreting and Translation Courses at the University of Minnesota*
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September 2000