

The Colorado Foundation for Medical Care (CFMC) is recruiting practitioners for a cultural competency focused training program. The program will specifically increase the physicians' understanding of the National Standards for Culturally & Linguistically Appropriate Services (CLAS). This training program is an opportunity for physicians to receive:

- Free 9 CME credits (Distributed by Professional Education Services Group)
- 3 COPIC ERS points (Facilitated by CFMC)
- 10.8 CEU credits (Distributed by Professional Education Services Group)
- Free Workflow Assessment
- Resource sharing with other participating practices.
- CFMC staff support with completing the tool
- CFMC assistance in the implementation of CLAS standards to participating practices.

Physician practices participating in the program are required to complete a pre and post assessment and at least the second and third themes of the web-based training developed by the Department of Health and Human Services' Office of Minority Health.

**The online training themes and modules are outlined below.**

- Theme 1: Culturally Competent Care
- Module 1.1: Overview of Culturally Competent Care
- Module 1.2: Cultural Competency Development
- Module 1.3: Patient Centered Care and Effective Communication

- Theme 2: Language Access Services
- Module 2.1: Importance of "Language Access Services"
- Module 2.2: Models to Provide Language Access Services
- Module 2.3: Working Effectively with an Interpreter
- Theme 3: Organizational Supports
- Module 3.1: Importance of Environment/Climate
- Module 3.2: Assessing Your Community
- Module 3.3: Building Community Partnerships

National sponsors of this program include the American College of Physicians, American Academy of Family Physicians, American Medical Association, National Hispanic Medical Association and the National Medical Association.

*Culturally competent providers are able to recognize and respond to each patient's health-related beliefs and values, thereby decreasing disease incidence, and increasing treatment outcomes.*

**To sign up: go to [www.cfmc.org](http://www.cfmc.org);** click "Physician Offices", then "Cultural Competence," click on "click here to begin." First, complete the application and pre-assessment. When finished, a staff person will contact you in 2 business days and give you your training tool user id and password. Physicians should complete at least Theme 2. An office manager or physician can finish both Themes 1 and 3. Each Theme is worth 3 CME and completion of the training program is worth 3 ERS COPIC points. **For more information please contact Terrey Currie at 303-784-5732 or via e-mail at [tcurrie@cfmc.org](mailto:tcurrie@cfmc.org).**

Please note: Information given about a particular culture is intended to provide only a general idea of belief systems. It is important not to stereotype or categorize a patient based on his or her culture or country of origin. Beliefs depend upon many factors, including the degree of acculturation and assimilation. Use the information as a guide, but individualize for each patient.

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A quarterly publication of RMHP designed to increase understanding of cultural differences and improve patient outcomes.

This quarter's Culture Insight focuses on Hispanics, Asian Americans and Pacific Islanders. The information below is gathered from various literature and research and is intended to be a general and broad insight into the diverse cultural distinctions and statistics of each ethnic group. The intent is to increase cultural knowledge and provide awareness of the unique qualities a culture may embody.

## Hispanics

With over 30 million Hispanics in the United States, many health care providers struggle with how to meet the health care needs of individuals while dealing with language and cultural barriers. The mixture can result in misunderstandings and less than ideal outcomes for the patient.

The *Providers Guide to Quality & Culture* found online at [www.erc.msh.org](http://www.erc.msh.org) provides information on many different cultures. Here are a few of the guide's suggestions when seeing Hispanic patients.

### Involve Family Members

Hispanic families traditionally emphasize interdependence over independence, and cooperation over competition. Family members are more likely to be involved in the treatment and decision-making process. Allow for several family and friends to participate in a consultation and communicate with the group.

### Show Respect

Always be respectful, and explain without being condescending. One way Hispanics may show respect is to avoid



eye contact with authority figures. An older Hispanic adult patient may terminate treatment if he or she perceives that respect is not being shown.

### Get Personal

Hispanics typically have a smaller personal space and prefer being closer. When non-Hispanic providers place themselves two feet or more distance away from their Hispanic patients, they may be perceived as not only physically distant but also uninterested. Overcome this by sitting closer, leaning forward, giving a comforting pat on the shoulder or other gestures that indicate an interest.

### Did you know?

- Diabetes is twice as prevalent among Hispanics as among the majority population.
- Hypertension is common in Hispanic populations.
- The incidence of cervical cancer in Hispanic women is double that of non-Hispanic European-American women.
- Although Hispanics have a lower incidence of breast, oral cavity, colorectal and urinary bladder cancers, their mortality from these is similar to that of the majority population.

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## Asian Americans and Pacific Islanders

According to the Association of Asian Pacific Community Health Organization, the Asian American and Pacific Islander population increased in the United States by more than 48 percent between 1990 and 2000. By 2050, it is expected that more than 41 million Asian Americans and Pacific Islanders will live in the U.S. or about 11 percent of the total population. They come from extremely diverse cultures, therefore making their health needs equally diverse. Representing over 49 ethnic groups and 100 dialects, in the year 2000 more than 39 percent showed limited English proficiency.

Many who come to the United States are immigrants who have left their country of origin for opportunity, a better quality of life, education and better paying jobs. However, there are also many who come to the U.S. as refugees. These individuals come seeking asylum from war or persecution, unable or unwilling to return to their country. The medical needs of both groups are quite different as should be the approach by health care providers.

### A Holistic Approach

It is important to understand that many Asian Americans' perceptions of appropriate health care may be quite different than yours. The traditional Asian view is holistic, as in, treating the mind, body and soul as one. Maintaining a balance of life's energies within oneself is held in high regards. Taoist principles influence many of the ethnic groups' health beliefs. Taoism originated in China and is based on the idea of balancing natural processes and forces (yin and yang) to obtain optimal health.



## Did you know . . .

- The Commonwealth Fund found that only 45 percent of Asian Americans are "very satisfied" with their health care, compared with 62 percent of the overall U.S. population.
- Asian Americans are twice as likely as the overall population of the U.S. to use acupuncture and the services of non-traditional healers.
- South Asian immigrants have a tuberculosis rate of 10 percent, compared with 4 percent for the U.S.
- Less than 60 percent of Asian and Pacific Islander American women have had a pap test, the lowest percentage among all ethnic and racial groups (Center for the Study of Asian American Health).



## CFMC Now Offering Workflow Assessments and Cultural Competency Training

- Patients not showing up for appointments?
- Frustrated by your inability to communicate effectively with some patients?
- Need an interpreter, or health education materials in another language?

Trained Colorado Foundation for Medical Care (CFMC) staff will provide cost-free Workflow Assessment to the first 50 physician practices that fall under evaluation criteria and complete the Office of Minority Health's online Cultural Competency training program (see Cultural Competency Fact Sheet for more details).

The main objective of CFMC's workflow assessment is to educate practices on workflow changes that can reduce effort, improve the quality of care and increase patient and provider satisfaction.

### During the Workflow, CFMC staff:

- Observe all practice processes during a patient visit from the patient perspective.
- Create a flow chart to show where time is wasted in any process of the patient visit.
- Recommend changes to increase Value Added Time (VAT) for the patient and the quality of care.

### Feedback from practices who have participated in Workflow Assessment:

- "Extremely valuable at pinpointing where we need to focus on increasing flow."
- "It never crossed our mind that our prescription refill process was hanging up our time so much, it's how we have been doing it forever."



### Services provided to a practice based on the completion of training program:

#### Office Manager/Physician Completes Pre-Assessment and Theme 3

- On-site introduction of workflow assessment to learn examples from other Colorado practices
- Measurement of patient VAT on 10-12 patients (Typical observation interval is 2 hours)

#### 10% of Practice Physicians Complete Theme 2 and Post-Assessment

- Process flow assessment through a combination of interviews and direct observation.
- Time and motion study of a worker (may include physician assessment).
- Presentation of results to staff, including time and motion study and flow map with "swimmer lanes." This is a display technique with a strip across the page for each role type involved in the process (reception, MA, physician) and the process crossing from lane to lane.
- Discussion of potential action steps to increase flow and quality of care.

#### A Practice Completes All 3 Themes and Post-Assessment

- Rapid Improvement Event (Kaizen) - The CFMC team will meet with practice staff to improve a specific target – i.e. medication refill process, standardization MA work, develop a telephone call triage protocol, etc. CFMC will map the current process through observations and interviews with affected staff. The practice is then given a list of action items to assist with organizational change.

For more information contact Terrey Currie at [tcurrie@cfmc.org](mailto:tcurrie@cfmc.org) or 303-784-5732.