DIVERSITY READINGS FILING SYSTEM
Annotated Table of Contents
Categorized

DISPARITIES

Seminole article from the Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care provides a comprehensive, multi-level strategy to eliminate the found disparities of healthcare given to racial and ethnic minorities.

Investigation of disparities in healthcare under the Bush administration with a focus on the issue of black American’s receiving poorer healthcare than whites.

Explanation of the components and disparities of socioeconomic status and connections to health and health care.

An argument for a holistic approach to addressing the disparities in health care for minorities and the underserved. From the September 8, 2003 issue of AHA News, part of a series highlighting how hospitals and health systems are working to overcome racial, cultural or ethnic disparities in health care.

A look at socioeconomic and racial/ethnic disparities in health care quality with an emphasis on the need to monitor and address disparities in health care through organizational quality improvement.

A report outlining the ethnic and racial disparities in medical care; specifically cardiac care since heart disease is the leading cause of death among racial/ethnic groups in the United States.

Two reports on the national effort to eliminate healthcare disparities providing information on current projects and initiatives.

Addressing the problems posed by ethnic, social, economic, and historic disparities in health care and how changes will help improve the health of many communities in the United States.

Exposure to air pollution and associated health risks appear to fall disproportionately on populations that are poor and nonwhite. Several steps are recommended to improve understanding and ability to address environmental health disparities.

Schedule examining the social and societal factors that are fundamental in creating disparities in health with a focus on the formulation of public policy objectives to reduce and ultimately eliminate health disparities. (Also schedule for Summer 2003 Workshop)


This is an article for the Sullivan Commission on Diversifying the U.S. Healthcare Workforce about the recommendations aimed at reducing health disparities from former Bush Cabinet Secretary, business leaders, and legal and healthcare experts.

This Medline search includes abstracts for articles on disparities, barriers, and cultural competence in health care.

A discussion of the persistent ethnic disparities of the IOM’s recent study on the difference in quality of health care received by minority vs. non-minority patients in the U.S.

A look at the health care disparities between “blacks” and “whites” in Chicago during the 1990s to present.

News stories from AMSA relating to disparities in health care in light of the approach of Martin Luther King, Jr. Day.

A press release from Dec. 2003 about two reports released by HHS Secretary Tommy Thompson that represent the first national comprehensive effort to measure the quality of health care in America and differences in access to health care services for priority populations.

A news article about the changes to the draft of the federal report on racial disparities in health care that put a positive spin on the public health crisis of minorities receiving less care than whites across a broad range of diseases.

This site gives information about the HRET Initiative including developing and testing a uniform framework for collecting race, ethnicity and primary language data; eliminating disparities through community and hospital partnerships; and various diversity resources.

An article about a study that found that disparities in the outcomes of treatment of chronic care diabetes patients differed among different cultures, not because of racism, but because of a failure to tailor treatments to meet the patients’ cultural norms.

A report about solutions to race based health disparities. The first chapter concentrates on causes of inequities and the following 6 chapters are case studies pertaining to different aspects of health disparities.

http://phr.oupjournals.org/cgi/content/abstract/118/4/293
A literature review of publications focusing on sociocultural barriers. Authors develop a definition of cultural competence, identify key components for intervention, and describe a practical framework for implementation of measures to address racial/ethnic disparities in health and health care.

2. Definitions and National Standards for Cultural Competence

http://www.medicalinfohome.org/training/materials/common/DEF.CC.doc
http://www.omhrc.gov/CLAS/finalcultural1a.htm


http://www.nap.edu/books/0309072808/html/
Strategies from the Committee on the Quality of Health Care in America for improving the quality of health care over the next 10 years.

A proposition of *cultural humility* as a means of incorporating new approaches to healthcare and physician education for diverse communities and the underserved.

http://www.calendow.org
An outline of the goals of cultural competence training and key points of concern facing health care professionals dealing with population differentials. Also contains a glossary of terms relating to culture and cultural competence.

http://www.parkridgecenter.org/Page1882.html
A focus on defining culture and cultural humility in an effort to make the goals and criteria of cultural competency more accessible.


Information about being a culturally competent medical practitioner with explanations of culture, subculture, ethnicity, and diversity, as well as resources (with web links) for cultural competence. Also, statistics are included pertaining to health disparity by gender and race.


http://www.aafp.org/x19555.xml?printxml
A collection of handbooks addressing the importance of cultural competence in health care delivery. Sections focus on achieving a more minority-friendly practice, strategies for expanding your patient base in diverse communities, and cultural proficiency guidelines. Also, two articles about overcoming health disparities and barriers with communication by Cindy McCanse.

http://www.sahs.utmb.edu/programs/ot/partnership/culturaldiversity/cultsensmaterials.htm
A readings list is given for the Partnership for Healthy Communities Educational Module from the University of Texas Medical Branch as well as a list of key resources and web links pertaining to diversity and cultural competency in medical education.


Includes discussion of the need for cultural competence in health care, the key concepts and definitions of cultural competence, and the health professionals’ role in cultural competence.


The outline of the presentation is given along with a list of selected cultural competency resources followed by a categorical list of selected culturally competent health care references.

This article provides perspectives on care through stories from patients and discusses how culture and spirituality tie into end of life decisions.
Through and anthropological perspective, this article points to discordant encounters between physicians and patients as the key factor in creating the unequal and avoidable excess burden of disease endured by members of ethnic minority populations in the U.S. It is suggested that new strategies be implemented to expand medical training to adequately address culturally discordant encounters among the physicians, their patients, and the families in order to link their varied expectations and beliefs.

Two chapters offering special perspectives of medical anthropology including disease in other cultures and times and the impact of culture on contemporary biomedicine.

Power Point slides from the Cultural Competence presentation to the Ambulatory Pediatric Association, National Pediatric Development Scholars, Orlando, FL, 12/7/2001. Includes information on defining culture and identifying disparities in health care, with a focus on educational implementation.

Explanation of the connection between culture, food choices, behavior patterns and health. Suggestions are made for strengthening the academic cultural training for dietitians.

Discussion on how anthropologists believe that traditional medicine can remedy Africa’s AIDS crisis with an analysis of income and frequency of HIV.

A anthropological perspective on the importance of nursing practitioners to be culturally sensitive.

A list of relatively recent articles and books focused on culturally competent health care, minorities, and group facilitation (including selected websites).

This is a companion document to the BC Health Guide Handbook and provides health information and resources for First Nations communities and health care providers.

This article looks at medical schools’ responses to demand for cultural awareness.


154. Health Care in Diverse Communities Reading Packet, Spring 2005. Department


This study explored whether participation in a 15-hour service-learning intervention made a difference in the critical thinking, cultural competence, and civic engagement of nursing student participants.

Short fact sheet on the reasons to teach about whiteness, approaches, and exercises & activities.

Short article taking a women’s studies approach to talking about white privilege.

164. Kivel, P. The culture of power.
Discusses the culture of power in terms of gender, race, age, and religion. Gives guidelines on assessing the culture of power in an organization.

This four-volume set provides a comprehensive examination of the human tendency to succumb to biased, negative notions about others who are "different." Operating in the face of antidiscrimination legislation (which is often poorly enforced anyway), prejudice and discrimination can take on forms both overt and covert, and Chin encompasses both throughout....The set is marked by a mix of scholarly analysis and personal anecdote, a format that is its distinguishing strength.


A selection of readings for the DFM Health care in diverse communities class in Spring 2005.

167. Cultural Competence in Cancer Care: A health care professional’s passport. Pocket book explaining cancer susceptibility in different racial/ethnic groups.


Guide to providing culturally sensitive, appropriate, and competent professional health care.

**RACISM**


Human genome findings practically erase race as a biological factor so race should not be a primary tool used in health care settings.

14. Collins, F. S. & Mansoura, M. K. (2001). The Human Genome Project: Revealing the Shared Inheritance of All Humankind. Cancer (Supplement), 7th Biennial Symposium on Minorities, the Medically Underserved and Cancer, 221-225. Discussion of the importance of the improvements to the health care system through the Human Genome Project reaching everyone in the population since humans are 99.9% similar on the DNA level therefore racial definitions should not limit medical benefits.


Recommendations are given to assess racial and ethnic bias in response to findings on the quality of health care for various ethnic minorities and the congressional provisions on the Institute of Medicine.

Higher Education.
A Hispanic pediatrician discusses issues of race and health care by presenting provocative cases and a stirring argument for professors to teach medical students that race should not be a medical diagnostic tool.

29. Fang, D., Moy, E., Colburn, L. & Hurley, J. (2000). Racial and Ethnic Disparities in Faculty Promotion in Academic Medicine. JAMA. 284(9), 1085-1092. This study compared the promotion rates of minority and white medical school faculty in the United States. Results showed that 46% of white assistant professors had been promoted whereas 37% of Asian or Pacific Islanders, 30% of Underrepresented Minorities, and 43% of other Hispanics.

41. Nowlen, C. (May 30, 2003). ‘Racism Is In Me’ White Liberal Activist Laments in UW Talk. The Capital Times. Summary of a speech given by Tim Wise, “the foremost white anti-racist intellectual in the nation,” with poignant examples of how racism is in every Caucasian person in America. He said that this was the effect of the media for over proportional representation of African Americans in association with the drug and violence problems in this country as well as criminal justice officials for the substantially higher incarceration rates of African Americans.


43. Rutstein. To Be One: A Battle Against Racism. An excerpt on how one becomes infected by a racist attitude – majority joining – communicated through a personal discussion of dealing with racism and heritage from a Jewish person whose family racist against Blacks.

44. Implications of the U.S. Supreme Court’s Affirmative Action Decisions (2003). Notes on two cases heard dealing with affirmative action and about setting goals for diversity through “critical mass” requirements. Also a new definition of what it means to be underrepresented in medicine with key questions addressed. Finally, a list of support services for medical students is given and non-cognitive variables in admissions are outlined.

Analysis of the differences in the use of cardiovascular procedures according to the patient’s race and sex. The conclusion is that the race and sex of a patient independently influence how physicians manage chest pain.

Examination of how social and historical developments have influenced the climate surrounding the study of prejudice with an emphasis on the “Third Wave” which emphasizes the multidimensional aspect of prejudice and takes advantage of new technologies to study earlier processes.

**PROFESSIONALISM**

Argument that practical the professionalism discourse needs to pay more attention to the academic environment in which students are educated and needs to be formulated based on the students concerns and behaviors with a goal of a deeper understanding of social justice and the role of medicine within a just society.

**EDUCATION AND CURRICULUM**

An outline of the curricular guidelines for culturally sensitive and competent health care including as one of its major goals of the investigations begun by STFM Task Force on Cross-Cultural Experiences. Key attitudes, knowledge and skills as well as implementation recommendations are included.

http://www.academicmedicine.org/cgi/content/abstract/77/3/198
Discussion of the need for integration of the ethnogenetic perspective into medical education in order to produce physicians capable of competently treating patients in an increasingly diverse society.

A discussion of the need for longitudinal integration of issues of culture into four-year curricula. Also, a description of key themes and components of culture in health care for the incorporation into undergraduate medical education.

A latitudinal study was conducted by examining curricular materials from 19 medical schools. Few schools extensively educated students about issues of health care access and language. The tool that was developed for this study to measure teaching methods, skill sets, and eight content areas in cross-cultural education is an important step in standardization of this vital area of education and will be the key to implementation, comparison, and evaluation.


Notes from the editor about the set of 12 papers devoted to cultural competence that appeared in volume 78 of Academic Medicine from 2003 and underline the complexity of that work. They bring up four important issues: 1. a disconnect should be acknowledged between the learners and the clinical faculty, 2. a consensus needs to be reached on the content domains that should be covered in a “cultural competence curriculum,” 3. evaluation is needed for evaluating the experiences promoting cultural competence, 4. an open mind should be kept about the extent and variety of cultural complexities and dissonances that may be encountered on the clinical front.


A theoretical orientation for cultural competency is proposed for the reorganization of common curricular responses to the study of culture in medical education. This can be achieved through Giroux’s concept of *insurgent multiculturalism* in which the critical study of culture might lead into professional development.


Provides information on culturally and linguistically appropriate standards (CLAS), the National Project Advisory (NAP) committee, earlier curricula and teaching models, core concepts, definitions of cultural competence, lessons learned, challenges, cultural competence websites, STFM core curriculum guidelines, and academic articles.


Outline from the conference including role playing exercises and themes from the literature on culture and medicine.


Reflections from medical anthropology on the institutional culture of medicine and medical education and the need for medical students to receive cultural training of the same caliber as “real” training and for these two areas to become one, instead of mutually exclusive as they are often seen today.
Rios, E. V. & Simpson, Clay, E. – Curriculum Enhancement in Medical Education: Teaching Cultural Competence and Women’s Health For A Changing Society

Welch, M. – Required Curricula in Diversity and Cross-Cultural Medicine: The Time Is Now


Li, B. U. K., Caniano, D. A., & Comer, R. C. – A Cultural Diversity Curriculum: Combining Didactic, problem-Solving, and Simulated Experiences


Synthesis report from March 2002 covering issues of racial and ethnic disparities in health and the need for health care systems to accommodate increasingly diverse patient populations.

Ten (Self-)Critical Things I Can Do to Be a Better Multicultural Educator. Lists, Tools & Fact Sheets from the Multicultural Pavilion.

http://curry.edschool.virginia.edu/go/multicultural/resources/self_critique.html

This list is a number of items to introspectively assess approaches multicultural educators are taking and often require the educator to step out of their comfort box and focus on a real shift in thinking.

Awareness Activities: Strategies and Preparation, Icebreakers, and Introspectives

http://curry.edschool.virginia.edu/go/multicultural/activityarch.html

Guidelines, exercises, poems, quizzes and stories are provided to gain a fuller understanding of the key terms and their definitions.

Multicultural Education & Human Relations: Volunteer/Work Experiences in Community and School Settings.

This guide addresses FAQs and gives good resources and information for multicultural experiences in the community.


This educational module has a plethora of information on culturally appropriate medicine, issues of ethnocentrism, language and communication in health care, and environmental conditions and culturally competent medical care.

Green, A., Betancourt, J. & Carrillo, E. A Four-Part Series on Cross-Cultural
The goal of this guide (with accompanying videos) is to give health care professionals
and engaging experience through which to explore ideas about cross-cultural issues in
health care and to learn from the actual experiences of both patients and clinicians.

Instrument: A Preclinical Teaching Tool to Elicit Patients’ Health Beliefs.
Family Medicine, 35(5), 316-319.
This study showed that the BELIEF Instrument works as a tool to teach culturally
competent interviewing skills early in the preclinical years. The acronym strands for:
health Beliefs (what caused your illness/problem?), Explanation (why did it happen at
this time?), Learn (help me understand your belief/opinion), Impact (How is this
illness/problem impacting your life?), Empathy (this must be very difficult for you),
Feelings (how are you feeling about it?).

129. Kleinman, A. Principles of Cultural Competence. Department of Social Medicine,
Harvard University.
A medical-anthropological perspective on cultural competency in the context of the three
dimensions of the triangle of perception (culture, social experience, personal experience)
focusing on the culture of medical education and teaching cultural competence.

A reference booklet for the Center for the Study of Cultural Diversity in Healthcare
including the mission, strategic plan, key strategies, and ten-year organizational
development and operational framework.

MULTICULTURAL RESOURCES

A case study of a 69-year-old Korean man who was a cancer patient. Responses address
the discrepancies between the Western style of care and what his Korean family expected
from his caregivers.

STUDENT DIVERSITY


Blakely, A. W. & Broussard, L. G.
“Blueprint for Establishing and Effective Postbaccalaureate Medical School Pre-
entry Program for Educationally Disadvantaged Students”

Jackson, E. W., McGlinn, S., Rainey, M., & Bardo, H. R.
“MEDPREP–30 Years of Making a Difference”
Thomson, W. A., Ferry, P. G., King, J. E., Martinez-Wedig, C., & Michael, L. H. “Increasing Access to Medical Education for Students from Medically Underserved Communities: One Program’s Success”


Carline, J. D. & Patterson, D. G. “Characteristics of Health Professions Schools, Public School Systems, and Community-based Organizations in Successful Partnerships to Increase the Numbers of Underrepresented Minority Students Entering Health Professions Education”


A look at the projections for the ethnic composition of the U.S. physician workforce shows that the number of first-year residents to double for Hispanic and black physicians, triple for Native American physicians, and be reduced by two-fifths for white physicians and two-thirds for Asian or Pacific Island physicians.


An editorial noting that the theme of growing interest in cultural awareness in medicine has surfaced but the disconnect between the demonstrated high intellect required to become a physician and the ability of many physicians to communicate effectively with patients, especially those of a different ethnicity, needs to be taken care of more directly.

COMMUNICATION


http://www.casanet.org/library/uclture/culture-aware.htm
A discussion of the need to develop awareness of cultural assumptions underlying the practice of early interventionists and a description of five areas of potential dissonance between professionals and families from culturally diverse backgrounds.


A flow chart model for culturally responsive health care and an outline of key factors to be aware of, methods of communication and skills to apply.
LINGUISTICS

A focus on message promotion as a key catalyst of the Healthy People 2010’s goal of elimination of health disparities with guidance on how to assure that health promotion materials reflect the principles and practices of cultural and linguistic competence.

This article discusses the theory and process of developing bilingual assessment tools based on Gordon’s eleven functional health patterns in order to facilitate assessing the individual, family, and community in a student clinical practicum in a Spanish-speaking country. The outcomes demonstrate potential application to other systems in the international nursing community.

http://www.diversityrx.org/HTML/MOBISD2.htm
The website gives bilingual interpreter services such as information on the Multilingual Program which is a combined force of bilingual employees, full-time staff interpreters, and contract interpreters that provide interpreted health care encounters at ten health centers. Also, interpreter practice guidance is given through articles like one by Kaufert, J. M. & Putsch, R. W. (1997), “Communication through Interpreters in Healthcare: Ethical Dilemmas Arising from Differences in Class, Culture, Language, and Power.”

Tips for using interpreters, a standardized patient case template, and case studies.

A survey for health professionals and a survey for patients, to be used in conjunction to assess areas of cultural and linguistic competency.

132. Guidelines for Practitioners Working with Interpreters & Guidelines for Practitioners Working with Patients from Different Cultures.
A list of 12 items for health care practitioners to consider when working with interpreters (adapted from UW Health: Working with Interpreters, University of Michigan Medical School: Enhancing your Communication Skills) and a list of 16 suggestions for practitioners to use when treating culturally diverse patients.
46. Núñez, A. E. (2000). Transforming Cultural Competence into Cross-cultural Efficacy in Women’s Health Education. *Academic Medicine.* 75(11), 1071-1080. Argument that cross-cultural efficacy is preferable to cultural competency as a goal of cross-cultural education providing optimal objectivity. Also, it is recommended that cultural education expand its objects of women’s health education to include a diverse patient base focused on real-world situations. Education objects and methods are outlined with integration issues addressed.

81. Kielich, A. M. & Miller, L. (1996). Cultural Aspects of Women’s Health Care. *Patient Care,* 30(16), 60-75. This article is based on the premise that women from different cultural backgrounds have different ideas about sickness and healing which medical care-givers need to understand. A wide array of information is presented about culturally different women (African-American, Latina, Asian/Pacific Islands, and Native American).


86. Underwood, S. M. (2000). Minorities, Women, and Clinical Cancer Research: The Charge, Promise, and Challenge. *Annals of Epidemiology Minorities, Women, and Clinical Cancer Research,* 10(58), S3-S12. This article highlights what needs to be done in the area of cancer and minorities. Unequal burden is discussed leading to the challenge which is to improve cancer outcomes while the charge is to improve the representation of minorities, women, and clinical cancer research.

This article summarizes the key issues, including lack of validated research instruments, frequent unjustified exclusion from studies, and failure to analyze data by pertinent subgroups. A discussion of risks facing Latino children is given.


A poem about a Cambodian man from a different culture and with different beliefs about the source and meaning of his ailment (from the Poetry and Medicine section of JAMA).


This article describes genetic research issues and recommendations identified by inter-tribal Native American groups in meetings with tribal leaders from 1995 through 1999.


This article addresses the unique circumstances of the Muslim American community with suggestions on how to communicate and treat Muslim Americans receiving healthcare.

**SELF-TESTS AND QUIZZES**

77. Cultural Awareness Self-Assessment Checklist

Checklist to increase awareness and sensitivity to the importance of cultural diversity and cultural competence in human service settings with concrete examples.


A 23 question multiple-choice and true/false quiz on quality and culture in health care with fully explained answers.

**EXERCISES AND ACTIVITIES**

78. Group Activity: Curriculum for cultural competence brainstorm

A classroom lesson with emphasis on the point that culture, like an iceberg, is only partially visible at the surface and that the invisible aspects influence and cause the visible ones.

155. Individual Differences.
www.futurehealth.ucsf.edu/pdf_files/Assesmi_Cullander%202003%20Curricula-final.pdf

One page worksheet with a word association for individual differences and a response to differences activity.

**MED SCHOOL COURSES**

94. Course Calendar: Spring Courses. Department of Social Medicine: Harvard Medical School.
Course description for HO730.0: Emerging a Culturally Competent Physician which is an elective exploring the culture of western medicine into which physician-students are being socialize, students’ values and underlying assumptions. It is built process rather than content and relies on a commitment to self-awareness and introspection.

This course will be taught by M. Duello, PhD and will address the incidence, prevalence, and causes of health disparities in the U.S. with focus on major diseases especially in minority and underserved populations.

**PDS CURRICULUM**

Definitions of cultural competence and issues that led to resolutions such as demographic shifts and empowerment of communities of diversity.

97. Marchand, L. (2001). Pilot Curriculum for first Year PDS Students in Increasing Observational and Listening Skills in First Year Medical Students through an Anthropological Perspective. AHEC Funds.
A proposal for the course on Using Ethnographic Methods to Teach Listening, Critical Observational and Self-reflective Skills in the Community Preceptorship including goals, objectives, and rationale. A final report is also provided.

Description of the process of developing a longitudinal multicultural curriculum at the UW along with an outline of core content and methods.

[http://wiscinfo.doit.wisc.edu/crem/courses.htm](http://wiscinfo.doit.wisc.edu/crem/courses.htm)

A complete description of all course meetings for Race and American Medicine and Public Health, taught the University of Wisconsin – Madison medical school. This course surveys the black medical past and examines current problems that African Americans face in the American health care system with emphasis on the links between the past and represent through the use of historical analysis in addressing contemporary policy concerns.


The elective would provide learning experiences pertaining to impacts of culture on health, cross cultural communication, recognizing health disparities in ethnic groups, legal responsibilities, benefits and challenges facing minority health care professionals, strategies in advocating for the delivery of culturally competent health care, and cultural humility. Also, a topic list and needs assessment preliminary results are provided.


Compendium attempting to describe cultural competency and/or cross-cultural education. A number of challenges being faced in this field of work are highlighted including the lack of agreement on the terms, definitions, and core approaches.


Information about managed care rules that proposed cultural competency guidelines and how health plans hope for better outcomes and more satisfied patients.


Three issues from the NAUHMO Newsletter including articles on innovations in Medicaid managed care, healthcare heroes, FirstGuard health plan, educational roundtable series, plans to correct flawed rate setting procedures, AmeriHealth, Horizon/Mercy, and recent events.


Materials from the PDS workshop on cultural issues in health care including activity sheets and discussion questions.

**WEB RESOURCES**
http://erc.msh.org/mainpage.cfm?file=7.1.0.htm&module=provider&language=English
A list of the negative health consequences of ignoring culture and the positive results of culturally competent health care.

Focus on an uninsured Hispanic household and a new paradigm for multicultural health care with statistics about insurance frequency and minority health.

http://www.mdanderson.org/topics/ethnicity/
The table of contents to a website with news, articles, and resources for and about specific ethnic and racial populations and cancer.

http://www.fplc.edu/RISK/vol7/winter/wigley.htm
Discussion on the correlation between imposed environmental threats and minority communities concludes that the NRC’s EIS fails in at least seven respects and that all contribute to inequitable imposition of risks on a black community.

http://erc.msh.org/mainpage.cfm?file=7.1.1.htm&module=provider&language=English
Key points from Brach & Fraser’s article are outlined on this web resource with basic examples and statistics specifically focusing on disparities in healthcare and minorities.

Website offering information on the national effort to improve health outcomes for all medically underserved people with chronic diseases including helpful training manuals and tools for a wide range of areas.

http://www.news.wisc.edu/releases/print.mssql?id=7433
This study was conducted by the University of Wisconsin – Madison assistant professor Lincoln Quillian and graduate student Devah Pager who found that even in neighborhoods with low crime rates, residents perceive crime to be a big problem when young black men live in the area which ties back to underlying stereotypes people have about blacks and crime.


http://www.ama-assn.org/sci-pubs/amnews/amn_03/edca0303.htm
Provides information about minorities being underrepresented in medicine and how this must change by addressing disparities and initiatives currently in progress.

52. The Reproductive Health Model Initiative, 2nd ed. *American Medical Women’s Association.*

http://www.amwa-doc.org/RHI.htm
Module 2: Psychosocial Factors, educational tools #3, #4, and #5
Includes cross-cultural communication with immigrant and refugee patients and guidelines for the role of race in the clinical presentation and conduction of a spiritual history.

Module 3: Communication, educational tools #6 and #7
Verbal and nonverbal communication interactions are explained and education message principles outline eleven essential principles for developing effective educational messages.


A web resource list including prominent initiatives pertaining to ethic disparities in health care and minority programs at national universities.


The NCMHD is devoted to ensuring the health of all Americans through minority health care initiatives. This website provides information on programs offered, news, and events.


The new site has more than 2,000 prejudice-related links, searchable databases of social justice organizations and prejudice researchers, teaching resources, and interactive exercises that include the Ambivalent Sexism Inventory, the Implicit Association Test, and a 10-item "Native IQ" test on Native American topics. It is in conjunction with the Social Psychology Network.

Populations. Association for Clinicians for the Underserved (ACU).  
The “What’s New” portion of the ACU website includes national updates on grants received and various programs for diversity in health care.

109. The Cross Cultural Health Care Program (CCHCP).  
The Cross Cultural Health Care Program (CCHCP) website provides resources relating to cultural competency trainings, interpreter trainings, research projects, and community coalition building as well as the latest news in the field.

August 18, 2003.
The Diversity Rx website has a large quantity of information and resources including previous Quality Healthcare for Culturally Diverse Populations National Conference details, articles on cultural competence in health care, and cultural competency definitions and curriculum resources for health professionals.

111. Medicine and Diversity. PRIME Culture and Diversity Curriculum.  
This website has an annotated list of web resources for Promoting, Reinforcing and Improving Medical Education: Culture and Diversity Curriculum. Find international resource guides and important reference sources.

This website provides a tool kit to raise awareness about the minority health disparities, programs, news articles, and web links with information also available in Spanish.

This website provides information on the Asian American and Pacific Islander (AAPI) Initiative to identify and address the disparities in health status and access to health and human services for AAPI communities along with cultural competence resources.

A list of websites on cultural competency curriculum, cross cultural health care, minority physicians, ethics, and disparities.

This website is a resource center for the initiative to provide information about the health disparities activities of schools that are members of the Association of Schools of Public Health and to provide information about diversity-related issues in public health.

http://erc.msh.org/provider_link_form.cfm?action=getlinks&topic=clinical%20outcomes  
December 1, 2003.
A list of web links and references from the Providers Guide to Quality & Culture website pertaining to clinical outcomes.

The campus climate refers to behaviors within a workplace or learning environment, ranging from subtle to cumulative to dramatic, that can influence whether an individual feels personally safe, listened to, valued, and treated fairly and with respect. This annotated bibliography contains articles about general topics about college communities as well as specific minority issues.

119. Ethnic Groups and Health in USA. UC Berkeley, Public Health Library.  
This electronic library guide provides background, internet, and statistical sources, directories, journal and report literature, and library catalogs relating to ethnic groups and health in the United States.

120. Selected Cultural Competency Resources and References. Center for Healthy Families and Cultural Diversity.  
This website provides resources on cultural competency including diversity bestsellers, movies/videos, and CD-ROMs as well as references on medical education, family medicine, pediatrics, internal medicine, geriatrics, obstetrics and gynecology, psychiatry/mental health/social work, nursing, occupational therapy/rehabilitation, and public health.

http://www.wwnorton.com/catalog/spring02/032351.htm  
A summary of Searching for the Uncommon Common Ground: New Dimensions on Race in America is provided on this website. The book addresses and brings a new perspective to the disunity caused by race in America.

122. Stubblefield-Tave, B. Health Care Cultural Competence Resource List.  
This list provides resources on evaluation, disparities, specific populations, workforce diversity, and beyond health care; in the context of cultural competence.
123. Resources on Cultural Diversity and Health Care in Racial and Ethnic Minority Populations. University of Wisconsin Medical School. This resource list, in the form of a bibliography, provides references on resources on cultural diversity and health care in racial and ethnic minority populations as well as contact information for Wisconsin departments and selected web links.


CLINICAL CARE


This article incorporates concepts derived from anthropologic and cross-cultural research in looking at the distinction between disease and illness and the notion of the cultural construction of clinical reality.


This study examined interactions between Hmong patients and their health care providers and found that Hmong patients and their US-trained health care providers have different health belief systems resulting in problematic linguistic and cultural translation. Several suggestions given by patients are analyzed and should be taken into account to improve relations between clinicians and patients.


A doctor from the University of Texas gives an overview of the cancer control problem among minorities and the medically underserved, the impact of these problems and a possible successful resolution (presented at the 6th Biennial Symposium on Minorities, the Medically Underserved & Cancer, Washington, DC, April 23-27, 1997).

72. Diversity and Cultural Competency Case Studies. American Academy of Family Physicians. Exercises are provided through case studies with questions geared toward ethnic issues in clinical settings.

74. User’s Guide to Quality Care for Diverse Populations (QCDP). American Academy of Family Physicians (AAFP). This guide provides a thorough explanation of the Quality Care for Diverse Populations project by supplying techniques that enhance cultural proficiency.


This article provides an analysis of why nursing competence is equal to cultural competence. The two categories of focus are: the content and structure of the clinical encounter between provider and patient and the process of providers becoming knowledgeable about the cultures of their constituent patients and learning their lifestyles, health beliefs, and behaviors.


A study to determine whether differences in race and sex and the use of cardiovascular procedures occur because of differences in the recommendations of physicians. Surveys and interviews were used to collect data and multivariate logistic regression analysis was
used for statistical methods. The study found that race and sex of a patient independently influence how physicians manage chest pain.

**Clinical Research**


This article uses case analysis with a cultural competency model to illustrate the importance of culture in pediatric clinical care.


A critical review and synthesis of published studies on culture and language in the emergency care of children.


A discussion of the selection of subjects for clinical research in context of the evolution of ethics and how and idea can change the way we see the world.


The first three chapters from a book investigating the subject of human experimentation, which is grounded in Nuremberg, and the influence of the Nuremberg Code for human rights in the United States and throughout the world.


These sections provide some findings on language barriers and disparities dealing with utilization, satisfaction, adherence, and outcomes as well as other areas of cultural competency.


This article examines the possible differences in distrust by race and to determine to what extent other sociodemographic factors explain any racial differences in distrust. Data was collected by phone survey of African American and white volunteers revealing that African American respondents were more likely than white respondents to not trust that their physicians would fully explain research participation and that their physicians exposed them to unnecessary risks, even once socioeconomic was controlled.

Cassette tape.

This study examined the percentage of abnormalities detected by Papanicolaou (Pap) tests and the rate of biopsy-diagnosed high-grade precancerous or cancerous lesions by racial or ethnic group. Using data from diverse populations, the findings show that black women with a high-grade Pap test are less likely to get a work-up, such as a colposcopy or other recommended procedure.

**INTERPRETATIONS/LANGUAGE**

This study determined the frequency, categories, and potential clinical consequences of errors in medical interpretation, specifically with a Spanish interpreter dealing with pediatric encounters at a hospital outpatient clinic.

format of annotations: