



# Cultural Competency

**Monmouth County, New Jersey**

**Latino/Hispanic & African American Populations**

Provided as a public service by **Mobilizing for Action through Planning and Partnerships (MAPP)** of Monmouth County

**January 2010**



## What is MAPP?

In 2005, participants representing government and community-based organizations implemented ***Mobilizing for Action through Planning and Partnerships (MAPP)***, a strategic approach to community-driven planning. As a result of MAPP, county professionals and citizens developed a Community Improvement Plan (CHIP), which outlines and addresses six strategic issues that were identified by participants as top priority health issues in Monmouth County.

The MAPP Committee has formed six workgroups to address the list of strategic issues: 1) Barriers to Healthcare 2) Comprehensive Healthcare Despite the High Cost of Living 3) Tobacco, Drugs and Alcohol 4) Transportation Barriers 5) Cancer Morbidity 6) Growing Older Adult Population.

We hope that you find this manual, developed by the Barriers to Healthcare workgroup, both useful and enlightening.

Comments or questions can be forwarded to:

**Michael A. Meddis, Public Health Coordinator**  
Monmouth County Health Department  
mmeddis@co.monmouth.nj.us.

## Cultural Competency - Monmouth County, New Jersey

### Why This - Why Now?

It is widely believed that even with the same level of education or insurance, individuals who may be of a different race or ethnicity, might receive a different quality of care. Current literature supports this belief revealing that minorities may receive lower quality of care than their Caucasian counterparts for some of the same conditions and that assumptions about minority groups may generate negative approaches by medical and other helping professionals.

Since the state of New Jersey has mandated cultural competency training for physicians to be licensed or re-licensed in New Jersey, we wanted to provide information to medical professionals in Monmouth County regarding our local minority residents and break down some of the common assumptions about these groups.

Beginning with the most prevalent minority populations in Monmouth County, this manual gives an overview of things to be aware of when dealing with individuals who speak another language or are from a different culture. There are also resources for further reading and training.

### Monmouth County Demographics

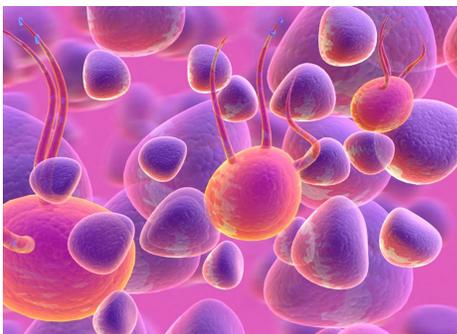
More than 36% of New Jersey's population is black, Hispanic, Asian or Pacific Islander, or Native American or Alaskan Native. And more than one million New Jersey residents prefer to speak a language other than English, according to the 2000 U.S. Census. Monmouth County's population is 12.7% foreign-born and 16.5% of the population speaks a language other than English at home.

Following is the Monmouth County census information for 2006 contrasted with 2000.

Ethnicity	2006	2000
White	82.4%	84.4%
Black or African American	7.6%	8.1%
American Indian and Alaska Native	0.2%	0.1%
Asian	5.2%	4.0%
Asian Indian	1.9%	1.2%
Chinese	1.8%	1.5%
Filipino	0.9%	0.6%
Japanese	0.03%	0.1%
Korean	0.2%	0.3%
Vietnamese	0.1%	0.1%
Other Asian	0.2%	0.2%
Native Hawaiian Other Pacific Islander	0.0%	0.0%
Hispanic or Latino	8.1%	6.2%
Mexican	3.4%	1.5%
Puerto Rican	2.6%	2.4%
Cuban	0.2%	0.3%
Other Hispanic or Latino	1.9%	2.0%

# Hispanic/Latinos in Monmouth County

## 8.1% of population



### Monmouth County Experiences

**Jose S.** Jose emmigrated from Cuba many years ago. He has a college degree and owns his own business. Jose speaks English with a very heavy accent. When he arrived for his appointment with a new physician, the receptionist assumed he had no insurance and told Jose that he would have to pay cash up front to see the doctor as she handed him the new patient registration form. When the doctor entered the exam room, in an effort to be friendly, he asked Jose what part of Mexico he hailed from.



**Maria D.** Maria, a fully bilingual stay-at-home mother of Puerto Rican heritage, went to the doctor with her child. While they were waiting in the examining room, the doctor, hearing Maria speak in Spanish to her daughter assumed that Maria did not speak English. He told the nurse to go and find someone to translate and made some derogative comments about people who speak no English. The physician turned to the mother speaking in a very loud voice, asked why she had come that day.



**Xiomara T.** Xiomara, who recently arrived from Mexico, took her 3 children to the clinic. Her youngest child, 4 months old wore several bracelets, one with a red ribbon and the other two made of beads. The doctor got upset with the mother and ordered her to remove the bracelets. Xiomara explained that she could not remove them because they protected her son from evil spirits and the evil eye. The doctor ignored her and angrily removed the bracelets from the child's wrist.

## Common Assumptions about Monmouth County Latinos

### Often Assumed:

### The Facts Are:

<p><b>Perception:</b> Most Spanish speaking Monmouth County residents come from Mexico or Central America</p>	<p><b>Reality:</b> 3.4% area residents come from Mexico; 2.6% are Puerto Rican, 1.9% are from South America or other Central American countries. 0.2% are Cuban</p>
<p><b>Perception:</b> If a person comes from Cuba there is every likelihood that he was a criminal sent here by Castro in the '80s or escaped on a raft</p>	<p><b>Reality:</b> There have been waves of immigration from Cuba over the years. The largest number of Cuban-Americans in Monmouth County emigrated when Castro came to power in the '60s. They were mostly well-educated professionals</p>
<p><b>Perception:</b> Most Spanish speaking Monmouth County residents live in Freehold, Long Branch &amp; Red Bank</p>	<p><b>Reality:</b> Virtually all municipalities in Monmouth have native Spanish speakers as residents.</p>
<p><b>Perception:</b> If someone speaks English poorly, or not at all, talking very loudly and slowly will help them understand better</p>	<p><b>Reality:</b> Volume does not enhance comprehension.</p>
<p><b>Perception:</b> If it sounds like Spanish, it must be Spanish.</p>	<p><b>Reality:</b> Portuguese can sound like Spanish to the unschooled ear. They are vastly different languages.</p>
<p><b>Perception:</b> All people who speak the same language hold the same cultural values and attitudes</p>	<p><b>Reality:</b> Each Spanish speaking country has its own culture and values. They are often as foreign to each other as America and Uzbekistan</p>

## Socioeconomic/Demographic Overview of the area Latino Residents

### Education levels, generational differences, economic levels

- Latinos have the fastest population growth (21% compared to 2.2%) of all ethnic groups projected next five years
- There are approximately 63,000 Latino area residents (9.4% of total Monmouth population) projected by 2012
- Socio-Economics: Roughly 50% of Latinos are lower income, and 50% are middle income and above
- Area Caucasians earn \$32K per capita income annually, Latino/Hispanics earn \$14K annually
- Latinos have the highest annual consumer spending of all minority groups in NJ: \$35.6 Billion annually<sup>1</sup>



### Religion and the Latino Communities

- Area Latinos are predominantly Catholic, although Protestant and non-denominational Christians are not uncommon.
- Latinos generally recognize the existence of an Almighty
- Latinos use the Bible as their sacred book
- Health and wellness are closely related to spiritual balance for many Latinos
- Many Latinos use prayer as a form of disease management
- Folk remedies and natural/alternative treatment are common among Latinos<sup>2</sup>

<sup>1</sup>Source: Meridian Health Cultural Diversity department research, 2009

<sup>2</sup>Source: Meridian Health Cultural Diversity department research, 2009

## Healthcare Barriers Faced by Monmouth County Latinos

### 1. Communication Needs

**Identifying the correct language is essential for proper communication** Physical Appearance can be misleading in terms of language **Although most Latinos speak Spanish, many have different dialects based on their country and/or region of origin**<sup>3</sup>

### 2. Cultural Attitudes

- Many undocumented immigrants may be apprehensive about their status or how they may be perceived and treated.
- Depending on how they received healthcare in their home countries, some may be intimidated by our facilities, particularly those from lower socio-economic or educational backgrounds.
- Other Latino patients with higher educational backgrounds or of higher socio-economic status may conduct themselves with the same expectations of American-born patients from similar socio-economic background.
- Family members may visit in large groups; make arrangements for larger rooms to accommodate visiting family members
- Many Latino/Hispanic patients may be transportation-challenged, depending on public transportation or relatives<sup>4</sup>

### 3. Health Literacy

Populations most likely to experience low health literacy are older adults, racial and ethnic minorities, people with less than a high school degree or GED certificate, people with low income levels, non-native speakers of English, and people with compromised health status. Education, language, culture, access to resources, and age are all factors that affect a person's health literacy skills. Low literacy has been linked to poor health outcomes such as higher rates of hospitalization and less frequent use of preventive services. Both of these outcomes are associated with higher healthcare costs.

Source: **U.S. Department of Health and Human Services**, Office of Disease Prevention and Health Promotion, <http://www.health.gov/communication/literacy/quickguide/factsbasic.htm>

### 4. HIV/AIDS (Latino)

In the year 2006, Latinos accounted for 23% of new HIV/AIDS diagnoses in New Jersey and 16% of the state's population. Continued health disparities between economic classes, the challenges related to controlling substance abuse, and the interaction of substance abuse with the epidemic of HIV and other sexually transmitted diseases (STDs) are three interrelated issues related to the spread of HIV in communities of color.

(Source: New Jersey Department of Health and Senior Services-Division of HIV/AIDS Services, "HIV/AIDS Among Latinos in New Jersey"- latino\_hiv\_factsheet\_123108.pdf, 03/20/2009. [www.newjersey.gov/health/aids/documents/latino\\_hiv\\_factsheet\\_123108.pdf](http://www.newjersey.gov/health/aids/documents/latino_hiv_factsheet_123108.pdf) )

## Health Disparities in United States Latino Communities

- **Diabetes** is twice as prevalent among Hispanics as among the majority population.
- **Hypertension** is common in Hispanic populations.
- **Overweight and obesity** are common in some Hispanic groups: for example, combined overweight and obesity are found among 63.9% of Mexican-American men and 65.9% of Mexican-American women. This contrasts to rates of 61% among European-American men and 49.2% among European-American women.
- 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.**<sup>5</sup>

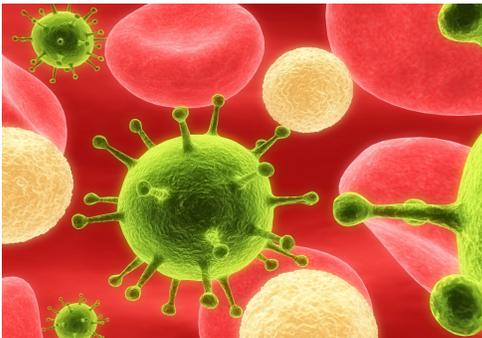


<sup>5</sup>Source: The Provider's Guide to Quality & Culture, Management Sciences for Health, <http://erc.msh.org/mainpage.cfm?file=5.2.0g.htm&module=provider&language=English>

# African-Americans in Monmouth County

## 7.6% of population

### Monmouth County Experiences



**Denise M.** Denise is an African-American professional woman with an advanced degree, a well-paying job and good insurance. Denise was casually dressed for her appointment with a doctor in a large busy practice. The physician, who had never met Denise before, and not looking at her records, assumed she was a Medicaid patient and started discussing the limitations of Medicaid payment for the treatment she needed.



**Robert P.** Robert is a 29-year old African-American man who is an end-stage renal patient on hemodialysis. He developed renal failure due to focal sclerosis and after five months on dialysis he was put on the waiting list for a renal transplant. While Robert commends the nursing and technical staff for their services, he is disappointed in the quality of physician involvement in his care. Many of his concerns revolve around the lack of supportiveness of physicians in general and of accessibility of renal transplants, particularly for African-Americans.<sup>6</sup>



**Kathryn S.** Miss Kathryn is an elderly retired textile worker who lives with her daughter and son-in-law. She is suspected of having a cancerous mass in her chest requiring surgery to determine whether it is malignant or not. Miss Kathryn, however, is refusing surgery because she believes that “cutting her” will spread the disease. Miss Kathryn stated that her younger sister died of breast cancer because they performed a mastectomy on her; she believes that the surgery itself actually encouraged the disease to grow. If they had not “cut her” her sister might not have died.

## Common Assumptions about African-Americans in Monmouth County

### Often Assumed:

### The Facts Are:

<p><b>Perception:</b> Most African-Americans in Monmouth County are either impoverished or in the lower income brackets</p>	<p><b>Reality:</b> Monmouth County has far more middle and upper-income people of African descent than is generally recognized. Some African-Americans with substantial financial resources choose to live in neighborhoods that are seen as “poorer” because of social and cultural considerations.</p>
<p><b>Perception:</b> Most welfare recipients are African-American women</p>	<p><b>Reality:</b> Most welfare recipients are children. Most women on welfare are white  Children, not women, are the largest group of people receiving public assistance. Less than 5 million of the 14 million public assistance recipients are adults, and 90 percent of those adults are women.</p>
<p><b>Perception:</b> Older and younger African-American patients have similar opinions about healthcare.</p>	<p><b>Reality:</b> There is a great variation in perspectives on healthcare between different generations of African-American patients. Older patients may tend to be much more dependent on their clinicians direction when making healthcare decisions compared with younger patients who are more at ease with gathering information via the Internet or word of mouth.</p>
<p><b>Perception:</b> Minority children are over-diagnosed with ADHD and are over-medicated</p>	<p><b>Reality:</b> The rate of ADHD in African-American children is the same as in Caucasian children, however, African-American children are less likely to be referred for treatment.  Many African-American children are hands-on (kinesthetic) learners leading to misdiagnoses of ADHD and other learning problems.  In the few studies exploring medication rates across races, ethnic minority children are 2 to 2.5 times less likely to be medicated for AD/HD compared to white children (Safer &amp; Malever, 2000).</p>

## Socioeconomic Overview of the African-American Community

- African-Americans show declining population growth in our area.
- Approximately 50,000 African-American area residents are projected by 2012 representing 7.4% of the Monmouth population. In the 2000 census African-Americans were 8.1% of the area population
- Socio-Economics: African-Americans have approximately 20% lower income than Caucasians. 80% of Monmouth County African-Americans are middle or upper income.
- Area Caucasians earn \$32K annually per capita; African-Americans earn \$17K annually per capita
- African-Americans have the second highest annual consumer spending of all minority groups in NJ: \$34.8 Billion annually<sup>7</sup>



## Religion and the African-American Community

- Most African-Americans recognize the existence of an Almighty Most use a “sacred book”
  - Bible
  - Qur'an
  - Torah
- Health and wellness are closely related to spiritual balance for many African-Americans
- Many African-Americans use prayer as a form of disease management
- Natural and folk remedies are commonly used by African-Americans

### Local African-American Religious Affiliations/Denominations

Baptist	Catholic
African Methodist Episcopal (AME)	Presbyterian
Methodist	Jehovah's Witness
Pentecostal	Muslim
7th Day Adventist	Jewish
Episcopal	Nation of Islam <sup>8</sup>

10

<sup>7</sup>Source: Meridian Health Cultural Diversity department research, 2009

<sup>8</sup>Source: Meridian Health Cultural Diversity department research, 2009

## Healthcare Barriers Faced by African-Americans in Monmouth County

### 1. Health Literacy:

Populations most likely to experience low health literacy are older adults, racial and ethnic minorities, people with less than a high school degree or GED certificate, people with low income levels, non-native speakers of English, and people with compromised health status. Education, language, culture, access to resources, and age are all factors that affect a person's health literacy skills. Low literacy has been linked to poor health outcomes such as higher rates of hospitalization and less frequent use of preventive services. Both of these outcomes are associated with higher healthcare costs.

(U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, <http://www.health.gov/communication/literacy/quickguide/factsbasic.htm>)

### 2. Cultural Attitudes:

African-American patients may already be primed to expect a negative experience due to previous mistreatment by other healthcare providers; fear of pain or discomfort; and, historical maltreatment such as the Tuskegee Syphilis experiment.

**African-Americans patients/guests can be particularly sensitive to frustration, annoyance, and irritation conveyed by staff.**

### 3. HIV/AIDS

African-Americans in the region are experiencing the highest mortality rates from HIV/AIDS when compared to other ethnic groups.

(Source: Meridian's 2006 Community Health Needs Assessment)

### 4. Mental Health

African-Americans are generally not open to treatment for common mental health problems such as anxiety and depression.



## Health Disparities in African-Americans throughout the United States

- In the US, 38% of African-American adults are **hypertensive**, compared to 29% of European-Americans.
- African-Americans have a **higher incidence of hypertension, sickle cell anemia, and diabetes** than the majority population.
- **The combined overweight and obesity rates for African-Americans are higher** than for European-Americans; 65% of African-American men and 56.5% of African-American women are overweight or obese, compared to 61% of European-American men and 49.2% of European-American women.
- The **cardiovascular disease (CVD)** death rate for African-American men and women far exceeds the rate for the majority population and for other ethnic groups.
- The prevalence of **diabetes among African-Americans is substantially higher** than among the majority population, and **the incidence of complications, including lower-limb amputations and end-stage renal disease is double**.
- **African-American women are far more likely than women of the general population to be infected with HIV**, and about 64% of all women with new HIV infections in a given year are African-Americans.
- For men and women combined, **African-Americans have a cancer death rate about 35% higher than that for the majority population**.
- Certain diseases, including **prostate and breast cancer, may progress more rapidly in African-Americans** than in the general population.
- **Lactose intolerance** is common among African Americans.<sup>9</sup>
- Higher area **mortality rates** for African-American residents include:
  - Homicide
  - Infant Mortality
  - Cirrhosis/Liver Disease<sup>10</sup>
- Other disparities include a higher percentage of **births to unwed mothers** and a higher percentage of **teen births**<sup>11</sup>

<sup>9</sup>The Provider's Guide to Quality & Culture, Management Sciences for Health

<sup>10</sup>Meridian Health's 2006 Community Health Needs Assessment

<sup>11</sup>Meridian Health's 2006 Community Health Needs Assessment

## Physician Requirements in New Jersey

- Physicians licensed on or before June 29, 2007 and podiatrists licensed on or before October 30, 2007 are required to comply with the cultural competency training requirement by the next license renewal after March 24, 2008. Physicians licensed on or after June 30, 2007 and podiatrists licensed on or after October 31, 2007 are required to comply with the requirement by the end of the next complete renewal cycle after licensure.
- Licensees must complete at least 6 hours of training in cultural competency in six topics. All 6 hours must be approved for credit in one of the following categories:
  - AMA Category I
  - AOA Category 1A, 1B or 2A
  - AAFP Prescribed hours
  - COPME Contact Hours

### The six topics:

1. A context for the training, common definitions of cultural competence, race, ethnicity and culture and tools for self assessment.
2. An appreciation for the traditions and beliefs of diverse patient populations, at multiple levels- as individuals, in families and as part of a larger community.
3. An understanding of the impact that stereotyping can have on medical decision making.
4. Strategies for recognizing patterns of health care disparities and eliminating factors influencing them.
5. Approaches to enhance cross-cultural skills, such as those relating to history-taking, problem solving and promoting patient compliance.
6. Techniques to deal with language barriers and other communication needs, including working with interpreters.

For physicians licensed prior to March 24, 2005 the cultural competency training requirement can not be included in the 100 hour CME requirement for licensure renewal. The law specifically required that this group of physicians complete this training in addition to the usual CME required for re-licensure.

For podiatrists and physicians licensed after March 24, 2005 the cultural competency training requirement can be included in the 100 hour CME requirement for licensure renewal.

Licensees should maintain certificates documenting CME attendance for a minimum of 6 years. Additionally, in order to demonstrate compliance with each of the topic areas required in the cultural competence regulation you should keep evidence of the specific curriculum covered in the course(s) along with your certificates of completion. (e.g. brochures, course outlines, materials distributed in the course etc.)

## General Resources for Cultural Diversity

**Center for Healthy Families and Cultural Diversity**  
Department of Family Medicine, University of Medicine & Dentistry of New Jersey-Robert Wood Johnson Medical School, Phone: 732-235-7662, Email: [llike@umdnj.edu](mailto:llike@umdnj.edu) [www.umdnj.edu/fmedweb/chfcd/index.htm](http://www.umdnj.edu/fmedweb/chfcd/index.htm)

**The Cultural Competence Training Center of Central New Jersey (Mental Health)**  
328 Denison Street, Highland Park, NJ 08904  
Phone: 732-565-9010, Fax 732-565-0703  
<http://www.cctcnj.org/>

**Medical Society of New Jersey**  
2 Princess Road, Lawrenceville NJ 08648  
[info@msnj.org](mailto:info@msnj.org) Phone: 609-896-1766  
Fax: 609-896-1368  
[www.msnj.org/contMedEducation/CultCompetency.aspx](http://www.msnj.org/contMedEducation/CultCompetency.aspx)

**State of New Jersey Department of Health and Senior Services Office of Minority and Multicultural Health**  
P. O. Box 360, Trenton, NJ 08625-0360 Phone: (609) 292-7837 Toll-free in NJ: 1-800-367-6543  
[www.state.nj.us/health/omh/culturalcompetency.shtml](http://www.state.nj.us/health/omh/culturalcompetency.shtml)

**University of Medicine and Dentistry of New Jersey**  
30 Bergen Street, Suite 710, Newark, New Jersey 07101-1709 Phone: 973-972-1660 Fax: 973-972-7091  
Email: [ccoe@umdnj.edu](mailto:ccoe@umdnj.edu)  
[Http://ccoe.umdnj.edu/catalog/medical/cultcomp.htm](http://ccoe.umdnj.edu/catalog/medical/cultcomp.htm)

## Web Sites

**Cross Cultural Health Care Program**  
<http://www.xculture.org>

**Disability Information**  
[www.DisabilityInfo.gov](http://www.DisabilityInfo.gov)  
helps you access a wide variety of resources quickly and easily. The site organizes information and issues concerning disabilities into nine (9) categories, listed as color-coded tabs at the top of every page

**Diversity in Medicine**  
<http://www.amsa.org/div>

**Diversity Web, Association of American Colleges and Universities**  
<http://www.diversityweb.org>

**EthnoMed**  
<http://www.ethnomed.org>

14

**Family Support Center of New Jersey**  
provides access to up-to-date information on specific disabilities, health problems, diseases, family support resources, services and programs in ONE phone call. Mimi Walsh, (732) 974-1144, 1-800-FSC-NJ10 (NJ Only), Fax: (732) 974-0940  
Email: [FACNJ@aol.com](mailto:FACNJ@aol.com)

**Georgetown University -National Center for Cultural Competence**  
<http://gucdc.georgetown.edu/nccc>

**Information Service on Disabilities (Servicio de Información sobre discapacidad)**  
<http://sid.usal.es>  
This is an international web page in Spanish, based in Spain.

**National Council on Interpreting in Health Care**  
<http://www.ncihc.org>

**Newark Public Library**  
[www.npl.org](http://www.npl.org)  
Sala Hispanoamericana houses the largest Spanish-language collection of any public library in the state. It regularly provides information, resources and materials in Spanish to libraries throughout New Jersey

**Resources for Cross Cultural Health Care**  
<http://www.diversityrx.org>

**Self Help Groups**  
New Jersey Self Help Clearing House coordinates information on a number of support groups around New Jersey that are in Spanish, or in English/Spanish. Call: 1-800-367-6274 or go to [www.selfhelpgroups.org](http://www.selfhelpgroups.org)

**SPANN**  
El Club de Padres/Multilingual Center of Catholic Family and Community Services. Run by Rose Kardashian or SPANN. Offers informational materials in Spanish and technical assistance to families.  
<http://www.spannj.org/support/parents.place.htm>

**The Power of Diversity: Supporting the Immigrant Workforce.**  
Curriculum designed for front line supervisors of agencies to help them work with a diverse workforce. Email: [publications@icimail.umn.edu](mailto:publications@icimail.umn.edu) Guides can be downloaded from [www.rtc.umn.edu/pdf/iwfacguide.pdf](http://www.rtc.umn.edu/pdf/iwfacguide.pdf) and [www.rtc.umn.edu/pdf/iwlmguide.pdf](http://www.rtc.umn.edu/pdf/iwlmguide.pdf)

**UMDNJ - Robert Wood Johnson Medical School**  
Center for Healthy Families and Cultural Diversity/Department of Family  
<http://www2.umdnj.edu/fmedweb/chfcd/Index.htm>

U.S. Department of Health and Human Services,  
**Substance Abuse and Mental Health Services Administration**  
<http://www.mentalhealth.org>

U.S. Department of Health and Human Services,  
**Office of Minority Health's National Standards for Culturally  
and Linguistically Appropriate Services (CLAS) in Health Care**  
<http://www.omhrc.gov/CLAS>

U.S. Department of Health and Human Services,  
**Office for Civil Rights**  
<http://www.hhs.gov/ocr/lep/guide.html>

**Geri-Ann Galanti, Cultural Diversity in Healthcare,**  
<http://www.ggalanti.com>

**Management Sciences for Health-The Provider's Guide to  
Quality & Culture website**  
[http://erc.msh.org/mainpage.cft?file=1.0.htm\\$module=provider&  
anguage=English&ggroup=&mgroup=](http://erc.msh.org/mainpage.cft?file=1.0.htm$module=provider&language=English&ggroup=&mgroup=)

## Diversity Publications

**Byrd, WM, Clayton LA. An American Health Dilemma.** Vol-  
ume 1-A Medical History of African Americans and  
the Problem of Race; and Volume 2 - Race, Medi-  
cine, and Health Care in the United States 1900-  
2000, New York: Routledge, 2000, 2002.

**Fadiman A. The Spirit Catches You and You Fall Down:** A  
Hmong Child, Her American Doctors, and the Colli-  
sion of Two Cultures. New York: Farrar, Straus, and  
Giroux, 1997.

**Hendrick H, ed. Cultural Competence Compendium.** Chi-  
cago: American Medical Association, 1999.

**Helman CG: Culture, Health and Illness,** Fourth Edition.  
Oxford: Oxford University Press, Heinemann, 2000.

**Huff RM, Kline MV, eds. Promoting Health in Multicultural  
Populations: A Handbook for Practitioners,** Thousand  
Oaks, CA: SAGE, 1999.

Like RC (moderator), with Betancourt JR, Kountz DS,  
Lu FG, Rios E (panelists). **A Medical Mosaic: Achieving  
Cultural Competency in Primary Care.** The American Jour-  
nal of MultiCultural Medicine, Special Edition, Winter  
2001/2002  
<http://www.medicalcrossfire.com/multicultural.html>

**McCullough-Zander K, ed. Caring Across Cultures:**  
The Provider's Guide to Cross-Cultural Health,  
Second Edition, The Center for Cross-Cultural Health,  
Minneapolis, MN, 2000.

**Mutha S, Allen C, Welch M. Toward Culturally Competent  
Care: A Toolbox for Teaching Communication Strate-  
gies,** San Francisco, CA: Center for the Health Profes-  
sions, University of California, San Francisco, 2002.

**Smedley BD, Stith AY, Nelson AR, eds. Unequal Treatment:**  
Confronting Racial and Ethnic disparities in Health  
Care, Institute of Medicine, 2002  
<http://www.nap.edu/books/030908265x/html>

## Movies, Videos, and CDs

Alexander M. "Cinemeducation: An Innovative Approach  
to Teaching Multi-Cultural Diversity in Medicine," *Annals of  
Behavioral Science and Medical Education* 1995;  
2(1):23-28.

**Communicating Effectively Through an Interpreter (1998)**  
(Available from the Cross Cultural Health Care Pro-  
gram, 2821 Beacon Ave. S., Seattle, Washington  
98144: Phone (206) 860-0334;  
[www.xculture.org](http://www.xculture.org)

**Quality Care for Diverse Populations.** Video/CD-ROM/  
Facilitator's Guide, Contributors: K. Bullock, L.G.  
Epstein, E.L. Lewis, R.C. Like, J.E. South Paul, C.  
Stroebel, et al. This educational program includes  
five video vignettes depicting simulated physician-  
patient visits in an office setting as a means to ex-  
plore ethnic and sociocultural issues found in today's  
diverse health care environment. Produced by the  
American Academy of Family Physicians (AAFP), with  
partial funding by the Bureau of Primary Health Care,  
Health Resources and Services Administration, June  
2002. (Available from the American Academy of  
Family Physicians, AAFP Order Dept., 11400 Toma-  
hawk Creek Parkway, Leawood, KS 66211; Phone  
(800) 944-0000; Fax (913) 906-6075.

**Community Voices: Exploring Cross-Cultural Care Through  
Cancer.** Video and Facilitator's Guide by Jennie  
Greene, MS & Kim Newell, MD (available from the  
Harvard Center for Cancer Prevention, Harvard  
School of Public Health, 665 Huntington Avenue,  
Bldg. 2, Room, 105, Boston, MA 02115; Phone  
(617) 432-0038; Fax: (617) 432-1722;  
[hccp@hsph.harvard.edu](mailto:hccp@hsph.harvard.edu), or Fanlight Productions,  
[www.fanlight.com](http://www.fanlight.com). 15

**The Angry Heart:** The Impact of Racism on Heart Disease Among African Americans. By Jay Fedigan. (Available from Fanlight Productions, [www.fanlight.com](http://www.fanlight.com)).

**The Culture of Emotions:** A Cultural Competence and Diversity Training Program. Harriet Koskoff, Producer/Co-Coordinator, 415 Noe Street, #5, San Francisco, CA 94114; Phone 415-864-0927; F a x 415-621-8969

**"Where's Shirley?"** A Video Production About Breast Cancer (Available from the Women's Cancer Screening Project, 3 Cooper Plaza, Suite 220, Camden, New Jersey 08103; Phone (609) 968-7324; Fax (609) 338-0628.

Lipson JG, Dibble S, and Minarik P, eds. **Culture and Nursing Care: A Pocket Guide** (CD-ROM and Book Versions), San Francisco, CA: UCSF Nursing Press, 196. Ohio Department of Health and Medical College of Ohio. **Cultural Competence in Breast Cancer Care** (CD-ROM), 2000.

## **African-American Culture**

**Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing.** Dr Joy DeGury Leary

**Cultural Diversity: A Primer for the Human Services,** Jerry V. Diller

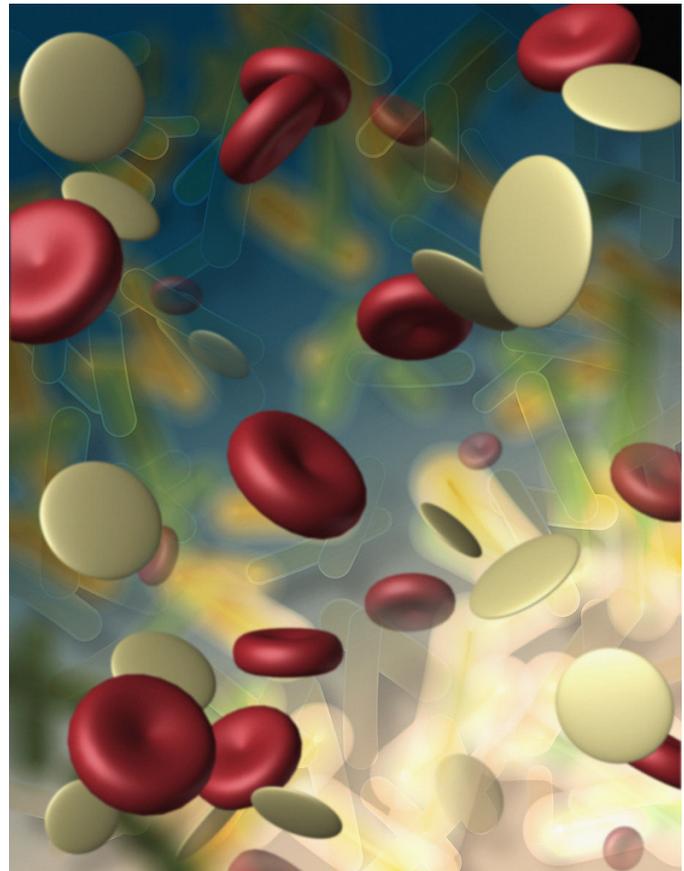
**Overcoming Unintentional Racism in Counseling and Therapy: A Practitioner's Guide to Intentional Intervention (Multicultural Aspects of Counseling and Psychotherapy)** Dr. Charles R. Ridley

**Racism in the United States: Implications for the Helping Professions,** Joshua Miller and Ann Marie Garran

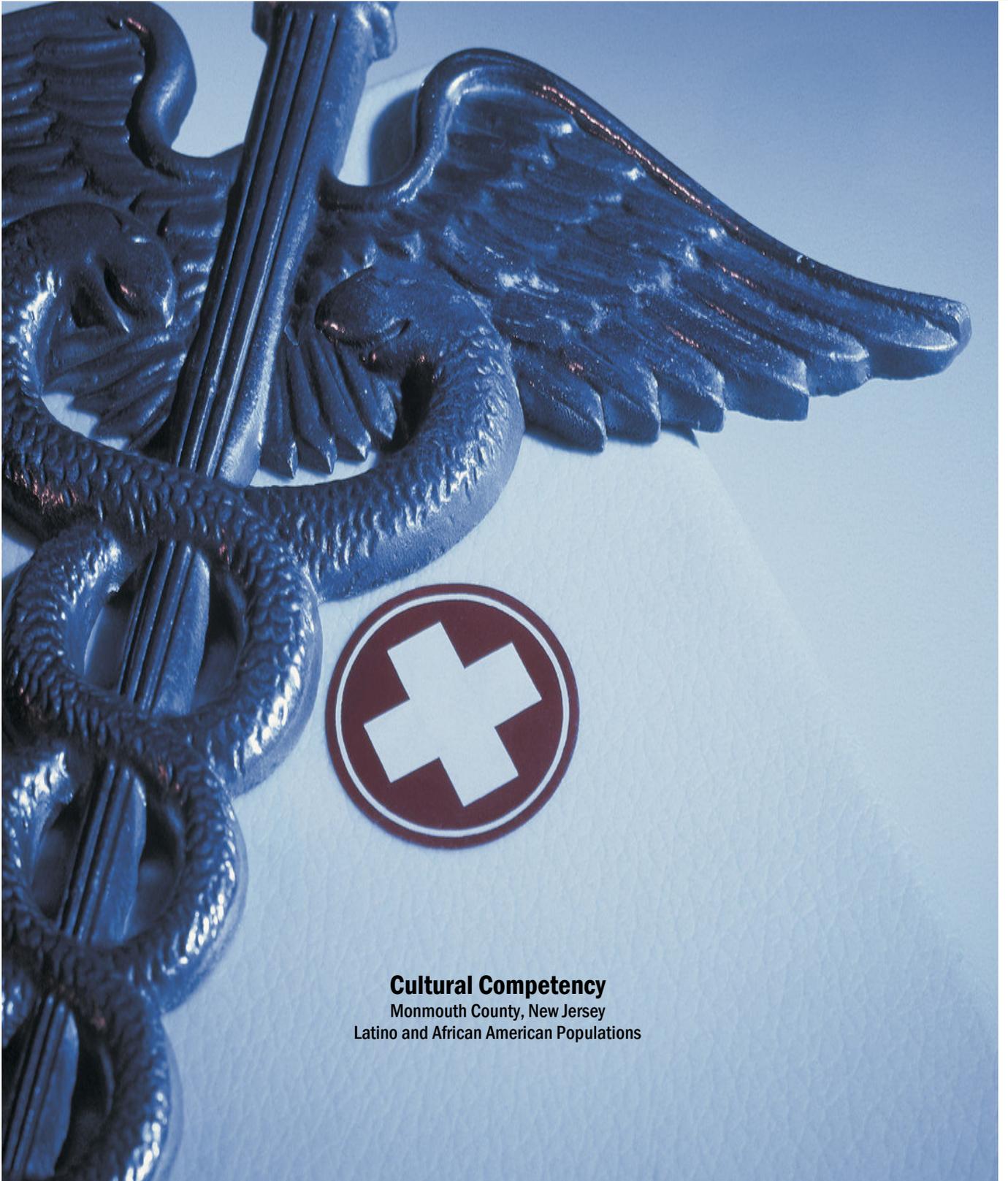
**The impact of Inequality: How to Make Sick Societies Healthier,** Richard Wilkinson

**Unequal Under Law: Race in the War on Drugs,** Doris Marie Provine

**Infections and Inequalities: The Modern Plagues,** Paul Farmer







**Cultural Competency**  
Monmouth County, New Jersey  
Latino and African American Populations