




Developing Cultural Competence in Reproductive Health Care



U n d e r s t a n d i n g E v e r y W o m a n



NATIONAL
ABORTION
FEDERATION



This report was developed through NAF's Outreach Program and our Access Initiative, which are supported with grants from the Compton Foundation, The Charles Delmar Foundation, Educational Foundation America, General Service Foundation, The Richard and Rhoda Goldman Fund, Marpat Foundation, Inc., and The John Merck Fund.

Developing Cultural Competence in Reproductive Health Care: Understanding Every Woman

Key Recommendations From
A National Abortion Federation Seminar
April 6, 2003
Seattle, Washington



Women from diverse backgrounds face unique cultural and information barriers to obtaining information about pregnancy options and safe, high quality abortion care. Many also lack knowledge about navigating the health care system, or are unaccustomed to and anxious about interacting with health care professionals. In turn, health care providers can be uncertain about how to best provide information, access, counseling, and abortion services to women from diverse backgrounds.

In April 2003, the National Abortion Federation (NAF) invited experts on cultural and linguistic competence to train reproductive health care providers and activists about how to develop a culturally competent workplace and to provide strategies for addressing the concerns and specific needs of women of color, low-income women, and immigrant women.

This report documents the key recommendations identified by seminar participants:

- *Incorporate the challenge of cultural competence into the philosophy, staffing, and budget of your organization.*
- *Expand your affiliations with local and national service, education, and advocacy organizations concerned with the needs of women from diverse backgrounds.*
- *Improve your ability to communicate with clients and provide a welcoming environment for all women, including non-English speaking women.*

The report also includes model outreach and diversity programs from NAF members and an extensive list of resources for further information.

Speakers



Keynote Address

Dian Harrison, MSW

President & CEO, Planned Parenthood Golden Gate

Presenters

Charon Asetoyer

Executive Director, Native American Women's Health Education Resource Center

Karen Kubby

Executive Director, Emma Goldman Clinic

Luz Alvarez Martinez

Executive Director, National Latina Health Organization

Sirina Riley

*Outreach Coordinator, NARAL Pro-Choice America

Latonya Slack, JD

Executive Director, California Black Women's Health Project

Pamela Zappardino, PhD

Diversity Training Specialist, PlanWorks Consulting

NAF Staff

Vicki Saporta

President and CEO

Lea Gilmore

Director of Outreach Programs



Rene Almeling

Contributing Writer

*Position at time of seminar

Introduction



In the United States, women of reproductive age form a rainbow of racial and ethnic groups, hail from different socioeconomic classes, live in cities and on farms, and were born in any of nearly 200 countries. These women walk through your door every day. For health care professionals trained in Western medicine and reared in a Western culture, it may seem an impossible task to understand the wide array of diversity in your patient populations. However, achieving cultural competence is vitally necessary to ensure the highest quality of care for every woman seeking reproductive health care.

Developing a truly culturally and linguistically competent organization requires an investment of time and resources, but most importantly, it requires careful reflection about how your organization is structured and how your staff delivers services. This report will provide a starting point for organizations of all kinds, including medical facilities, non-profit agencies, and activist groups that are interested in strategies to develop cultural competence in the realm of reproductive health care and activism.

For some women, reproductive health care means a regular gynecological examination with a physician covered by insurance or filling prescriptions for birth control on a regular basis. For many women, reproductive health care is a luxury that falls near the bottom of a long list of far more urgent health concerns, and the concept of “choice” becomes meaningless in a world constrained by racist, sexist, cultural, and classist realities. As social scientists Faye Ginsburg and Rayna Rapp note, “No aspect of women’s reproduction is a universal or unified experience, nor can such phenomena be understood apart from the larger social context that frames them.”¹

This social context in the United States includes a shortage of abortion providers and barriers created by anti-choice lawmakers. In addition, women of color, low-income women, and immigrant women must navigate an English-language dominated health system that reflects the racial biases inherent in U.S. society and is often exclusionary to those without the means to pay.

Dian Harrison, President & CEO, Planned Parenthood Golden Gate

“Cultural competence is a set of behaviors, attributes and policies that enable an individual or an agency to work effectively in cross-cultural situations. In order to provide the highest quality care, we have to actively seek out ways to be more culturally aware. Given the varied belief systems and cultural challenges with which our clients come to us, I urge you to think about how you can transcend boundaries to provide better care.”

¹ Ginsburg F and Rapp R. The politics of reproduction. *Annual Review of Anthropology Press* 1991; 20: 311-43.



This report identifies a variety of organizational goals and projects presented by experts at the workshop that may contribute to increased cultural competence in your organization.

Today, the statistics regarding access to health care and health outcomes for underserved women remain grim despite 2000 U.S. Census data showing that about one out of every three people belongs to a community of color. According to the American Medical Association, “Recent studies have shown that despite the steady improvements in the overall health of the United States, racial and ethnic minorities experience higher rates of morbidity and mortality than non-minorities. Disparities in health care exist even when controlling for gender, condition, age and socio-economic status.”² In the context of reproductive health care, this is particularly troubling given that Latinas are roughly two and a half times as likely and black women are more than three times as likely as white women to have an abortion.³

For low-income women, obstacles to care are complicated by economic constraints. Women who do not have the financial resources to travel to an abortion provider or pay for an abortion are more likely to obtain abortions later in their pregnancies or be forced to carry an unwanted pregnancy to term. For example, researchers have found that when public funds are unavailable for abortion care, between 18% and 35% of Medicaid-eligible women who would choose to have an abortion carry their unplanned pregnancies to term.⁴

Immigrant women and women who do not speak English often simply may not know that abortion is legal, and that there are safe, affordable clinics that provide confidential care to their patients. Not only is there a lack of resources in languages other than English, there are anti-abortion organizations that specifically mislead recent immigrants about their reproductive rights in the United States. Of particular concern, “Crisis Pregnancy Centers” (CPCs) erroneously advertise their services as abortion counseling and offer free pregnancy tests as incentives to visit the centers. Many distribute Spanish-language materials, and some subject women to anti-choice videos, literature, and biased “counseling.” Women who are unfamiliar with the process of obtaining an abortion in the United States are particularly vulnerable to such misinformation strategies.

To address these issues, NAF convened a national consortium on “Increasing Access to Abortion for Women in Diverse Communities” in 2001. Consortium participants identified four recommendations necessary to expanding access to abortion for underserved women:

1. Utilize the global human rights framework to redefine abortion as an essential aspect of the broad spectrum of basic health care.
2. Create an economically and politically sustainable coalition of mainstream abortion rights groups and organizations representing diverse communities.
3. Acknowledge the moral agency and spirituality of women who choose abortion.

² *Health Disparities*. American Medical Association. Web site: <http://www.ama-assn.org/ama/pub/category/7639.html>.

³ Jones RK, Darroch JE and Henshaw SK. Patterns in the socioeconomic characteristics of women obtaining abortions in 2000-2001. *Perspectives on Sexual and Reproductive Health* 2003; 34(5): 226-235.

⁴ Henshaw SK and Finer LB. The accessibility of abortion services in the United States, 2001. *Perspectives on Sexual and Reproductive Health* 2003; 35(1): 16-24.

4. Encourage cultural competency in clinics and increase the number of providers from diverse communities.

Since 2001, NAF has addressed these recommendations in a number of ways. We have:

- begun to work in coalition with women of color led organizations to gain further understanding about the disparities in access to reproductive health services that continue to persist and to develop remedies to close the gaps;
- created a monthly e-newsletter detailing NAF's Outreach programming;
- organized briefings on Capitol Hill on Native American and African-American women's access to abortion and reproductive health care;
- continued to spearhead a coalition of organizations working with the Native American community to address and remedy the egregious disparities in access to reproductive health;
- created a cultural competency section of our website that provides a clearinghouse of diversity building resources and tools;
- launched a project to improve state compliance with reimbursement for abortion in cases of rape, incest, and life endangerment as required by the Hyde Amendment;
- continued to exhibit at conferences focusing on diverse communities, such as the National Council of La Raza, the Congressional Black Caucus Foundation's Legislative Conference, the National Medical Association, conferences concerned with rural communities, and many others.

In direct response to the fourth recommendation made during the 2001 consortium, NAF organized a day-long seminar with national and international experts in April 2003. The speakers and panelists presented real-world strategies for developing a more culturally and linguistically competent workplace. This report identifies a variety of organizational goals and projects presented by experts at the workshop that may contribute to increased cultural competence in your organization. It is based on three broad recommendations that emerged from the workshop:

1. Incorporate the challenge of cultural competence into the philosophy, staffing, and budget of your organization.
2. Expand your affiliations with local and national service, education, and advocacy organizations concerned with the needs of women from diverse backgrounds.
3. Improve your ability to communicate with clients and provide a welcoming environment for all women, including non-English speaking women.

We also provide day-to-day examples of modifications that others have made in their organizations, as well as overviews of three model projects developed by NAF member organizations that have made significant progress towards developing cultural competence. Remember that even seemingly small-scale transformations add up to real change, which will allow your organization to better serve women from diverse communities.



Remember that even seemingly small-scale transformations add up to real change, which will allow your organization to better serve women from diverse communities.

Questions to Ask of Your Organization



Begin by identifying the different communities served by your organization... research the unique barriers faced by women in each of these communities.

Client Services

- How effective is your organization in serving women of color, low-income women, and immigrant women?
- How accessible is your organization to underserved women?
- Do you have any mechanisms for assessing the client experiences of underserved women?
- Are the issues facing underserved women included on the agenda of staff meetings?

Staff & Organizational Structure

- Are women of color, low-income women, and immigrant women part of your organization, as staff or on the Board of Directors?
- Does your staff receive formal or informal training in how to be culturally competent?
- What built-in biases does your organization or your staff have?
- How much money and time does your organization dedicate to becoming culturally competent?
- Is cultural competence part of your organization's mission statement?

As you read the report and prepare to develop your own plans to provide culturally and linguistically competent health care, the list of questions above can help you identify the strengths of your organization and the specific challenges you face. In addition, keep in mind a crucial point that the workshop speakers emphasized: cultural competence is not something your organization will be able to accomplish in one day or as a result of attending one workshop. It will take time and require an ongoing commitment from the leaders in your organization.

1. Incorporate the challenge of cultural competence into the philosophy, staffing, and budget of your organization.

The first step is to embed the value of cultural competence into the basic philosophy of your organization. To do this, you will need to undertake an “organizational spring cleaning,” in which you systematically evaluate which aspects of your organization would benefit from developing cultural competence. Although the process of becoming more culturally competent can be initiated by any member of your staff or Board, it will be important for the leaders of the organization to acknowledge the importance of cultural competence in order to establish it as a core value of the organization.

Begin by identifying the different communities served by your organization. Once you have determined the different groups among your clientele, research the unique barriers faced by

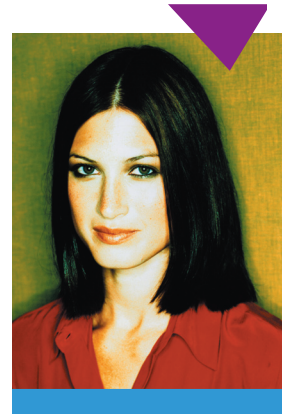
women in each of these communities. Talk to other non-profit organizations in the area or poll your clients about how you might better serve them. Read through some of the resources offered in the back of this report for information about the larger social and historical context in which underserved women seek care.

In addition to researching how your organization can better respond to underserved women in your community, you will also need to assess your staff and the structure of your organization. Does your staff come from the communities they serve? Are they sensitive to the needs of underserved women? As Charon Asetoyer put it, “You are service providers, and this is about providing services. When women are afraid to go to you because they’ve had a bad experience, or a friend has had a bad experience, then you have to ask yourself, how effective are you? It’s important to stop and take the time to assess your staff and your effectiveness in providing services.”

To initiate the transition to a more culturally diverse staff, there are several concrete steps you can take. When you are hiring, write job descriptions that include language to reflect your commitment to cultural and linguistic competence. For example, you might require “demonstrated awareness of multicultural issues” or “experience working with diverse communities.” Also be sure to note “bilingual or multilingual preferred.” Recruit job candidates from communities of color by placing advertisements for open positions in venues besides the local newspaper. Many locales have free weeklies geared toward African-American communities or Spanish-language newspapers. Circulate job openings with your contacts at organizations that serve women of color, low-income women, and immigrant women. Offer internships or part-time jobs to students at community colleges, where the student population is more culturally diverse than at four-year colleges. At larger four-year colleges, there are often pre-medical societies run by students of color.

In job interviews, make it clear that your organization considers cultural competence to be a top priority. Ask candidates interview questions about their cultural and linguistic competence. For example, one NAF member clinic requests that job candidates relate an experience working within a diverse group and verbalize what they valued and what they wished was different.

Once you make a hiring decision, incorporate cultural competence into your protocols for training and evaluating new staff. During the orientation for new employees, share information about underserved women in your community. Make policies about cultural and linguistic competence a separate section in your organization’s personnel manual. During performance evaluations, assess the employee’s ability to work in a diverse group and her interaction with clients from underserved communities. Create an annual employee feedback survey that includes questions about the cultural and linguistic competence of the organization, both at the level of client services and among the staff. You might also offer a benefit of one holiday per year that reflects an employee’s personal, spiritual, religious, or ethnic background.



Once you make a hiring decision, incorporate cultural competence into your protocols for training and evaluating new staff.

Changing the hiring and staffing patterns of your organization should include formal training in cultural competence. Some NAF member clinics devote at least one day a year to training, and every staff member is required to attend. These seminars often consist of hypothetical situations and teamwork designed to spotlight biases. For example, Pamela Zappardino, a diversity training specialist, organized seven tables of card games for the audience at the NAF seminar. Each table was given its own set of rules, and talking was forbidden. After the first game, one player from each table went to a new table and tried to play the game of cards according to that table's rules, which she was not able to learn because she could not speak. This exercise was extremely effective in demonstrating the frustration and feelings of exclusion endemic to underserved communities. When putting together a cultural competence seminar for your organization, it is advisable to bring in an outside consultant because the issues raised in such a discussion can be sensitive. Ask other organizations in your area for references, and be sure to check the qualifications of the consultant.

Latonya Slack, Executive Director, California Black Women's Health Project

“What happens in the doctor’s office? Are there assumptions about race, class, ability to pay, and social standing? We’ve heard stories from women of all different walks of life about how they get treated in certain ways, which can prevent them from coming back to get the help they need.”

It is also important that the conversation about cultural competence not be limited to a one-day workshop. Leaders in your organization should empower staff to address situations as they arise, especially as you recruit new employees from diverse communities. For example, one NAF member clinic recently hired several bilingual employees, who would often hold conversations in Spanish, leaving some of the non-Spanish speakers feeling excluded. Conflicts such as these should be dealt with as soon as they arise. It would certainly be counter-productive to reprimand bilingual employees for speaking Spanish, as that is part of the skill set for which they were hired, but when the organization is facing an issue as a staff, it is important to communicate in English so that everyone is able to participate in the discussion. Cultural competence training is one way to ensure that your staff has the skills to negotiate situations like these, and it is an investment that will pay off both in terms of quality of care and client satisfaction.

Altering your hiring and staffing patterns should take place at all levels, from the front desk assistant to the nurses and physicians to the Board of Directors. Although this will not be possible to accomplish in all situations, due in part to the severe shortage of health care providers of color, your organization's staff can provide better service when they are familiar with the language, history, and common practices of their clients. In addition, Boards of Directors are responsible for setting expectations for the staff and goals for the organization, so it is imperative that the members of the Board also reflect the communities they serve.

It is unlikely that every single staff member of your organization will agree on the importance of cultural competence, but if there is a formal, clearly written policy, it is more likely to become part of how your organization functions on a day-to-day basis.

Each organization will require slightly different strategies to develop cultural competence based on the unique aspects of your community. To formalize the initial stage of developing cultural competence, one NAF member clinic developed a Cultural Competence Task Force, which was charged with designing a strategy to overhaul their organizational culture (see “Model Programs”). The Task Force lasted for two years, and several new projects were started as a result of their recommendations, including the development of a detailed diversity policy and new outreach initiatives. Another NAF member clinic began by incorporating cultural competence into their organizational mission statement.

Developing cultural competence requires an investment of both time and financial resources. Although the amount of money required to create outreach programs and train staff is not necessarily a significant sum, it does need to be incorporated into your organizational budget, for instance as a line item for staff training or for the development and translation of materials. This is the only way to ensure that your philosophical commitment to cultural and linguistic competence becomes a reality. Regardless of where your organization begins, the simple act of stating the problem will make it possible to identify solutions that will benefit the women you serve. “Go to the people who are coming to you and find out what it is they want. An agenda of listening is so important. We don’t become culturally competent because we know the answers. We become culturally competent because we listen to the needs, and that takes time,” added seminar participant Carla Eckhardt, Vice President of Medical Services of Planned Parenthood Golden Gate.

2. Expand your affiliations with local and national service, educational, and advocacy organizations concerned with the needs of women from diverse backgrounds.

As part of reaching out to different groups in your community, seek out opportunities to establish new affiliations with organizations serving women of color, low-income women, and immigrant women. These affiliations might begin as informational meetings between members of your staff and representatives of these groups, or they might be as formal as co-sponsoring conferences and events. This will allow your organization to build meaningful relationships with the communities you serve, which will provide you with more insights about culturally influenced health behaviors and how best to meet the needs of your constituencies and clients.

Underserved women often come to your organization with a variety of issues in addition to the one for which they are seeking medical care, so it will be helpful for you to be able to provide referrals outside your standard scope of service. As you find out more about organizations in your area, identify the kinds of services they provide in the community. One NAF member clinic facilitated continuity of care by providing basic primary care services at a clinic in an underserved area. As a result, clients were able to obtain reproductive health care at the same place as other services like diabetes and cholesterol screening and HIV testing. To facilitate access to care in your organization, find out how women can travel to your clinic using public transportation by locating the nearest bus line.



Expanding your organizational affiliations on both the local and national level requires an investment of staff time, but it can be done relatively inexpensively.



Latinas are roughly two and a half times as likely and black women are more than three times as likely as white women to have an abortion.

You can also increase the visibility of your organization by co-sponsoring events in your community. Sign on with charity walks for breast cancer research or the American Heart Association. Contact the local medical school and find out if students have organized mobile clinics that your organization can contribute to with volunteers or supplies. Celebrate Black History Month or International Women’s Day at your clinic with poster displays or special events. One NAF member clinic kicked off a monthly Lesbian Health Night in June, which is generally marked as Pride Month in remembrance of the Stonewall Riots in New York (see “Model Programs”). Or you might join the Religious Coalition for Reproductive Choice (RCRC) which also hosts the Black Church Initiative, or Catholics for a Free Choice. There are several other social justice organizations, such as the NAACP, and national organizations that have developed networks amongst the religious pro-choice community.

As another step, you can also engage in educational outreach to underserved communities. For example, you could give presentations about reproductive health and sexuality to teens in local high schools and community colleges. In response to confidentiality concerns raised during these presentations, one NAF member clinic began offering hours that are devoted exclusively to serving teens. “Teen Clinic” became very popular because adolescents felt safer knowing they would not bump into their mother, their mother’s best friend, or other adults they might know in the

NAF Community-Based Pilot Project

As we began our efforts to expand our support for women from diverse communities, we undertook extensive networking to contact and meet with community-based agencies and organizations serving women from diverse backgrounds in the Washington, DC community. We sent mailings with information about NAF’s hotline and patient resources, called organizations to set up individual meetings, and invited agency staff to networking events at the NAF office, such as viewing a pro-choice video on the anniversary of *Roe v. Wade*.

We found that social workers and counselors who work in community clinics and agencies lacked accurate abortion information with which to educate their clients. Therefore, in collaboration with Planned Parenthood of Metropolitan Washington, we hosted briefings on abortion for social workers, counselors, and providers from community-based organizations. In addition, we invited them to provide cultural training for our hotline staff. We also exhibited our English and Spanish-language materials at local health fairs and other festivals that attracted people of color. In one case, we needed to convince the sponsors, who were reluctant to include an abortion-specific exhibit, that Hispanic women needed to have access to our hotline and our educational materials.

This outreach project has meant building relationships to establish trust so that the staff of diverse organizations would feel comfortable telling us what they needed.

community. At another NAF member clinic, “Promotoras,” or health educators, share information with other Latinas in the community. They have found that the best way to reach underserved women is to go where they are. They hold “platicas,” or “small talks,” at restaurants, laundromats, and in people’s homes.

In addition to learning from and working with the people in your community, you might also be in touch with other reproductive health organizations that have made efforts to develop culturally competent care. One example of this kind of networking is the SisterSong collective, which began in 1997 when the Latina Roundtable on Health and Reproductive Rights convened meetings for sixteen organizations representing four women of color communities — African-American, Asian/Pacific Islander, Latina, and Native American. The primary function of the collective is to lend mutual support in initiating and enhancing local programs to foster increased awareness of reproductive health care for women of color. NAF was a co-sponsor for the first Annual SisterSong Conference held in Atlanta, GA in November 2003, where hundreds of women of color activists and allies gathered to discuss the concerns and address the reproductive health needs of women in diverse communities.

Expanding your organizational affiliations on both the local and national level requires an investment of staff time, but it can be done relatively inexpensively. Recruit volunteers to research the communities in your area or to staff community events. Setting up an email listserv is a good way to keep in touch with your volunteers and to advise them of opportunities to donate their time. When building relationships with other organizations or conducting presentations for groups, focus on quality instead of quantity. If you have limited resources, identify the most effective forums for making your organizational presence known.

The women who come to you for services do so out of a particular need, but they cannot be reduced to that need. The more that you are able to learn about who they are and how they live, the better position you will be in to provide appropriate care. This does not mean, however, that every Asian/Pacific Islander woman who walks through the door will have an identical profile. Communities of color are not monoliths in which all people act, feel, and think the same, but knowing more about the particulars of different groups in your community will make you better prepared to address the concerns of underserved women. NAF’s Outreach program offers you access to information and materials to assist you in gaining a further awareness of the needs of women in diverse communities.

3. Improve your ability to communicate with clients and provide a welcoming environment for all women, including non-English speaking women.

Regardless of the measures your organization takes to develop a deep understanding of different groups in your community, this endeavor will be wasted if you are not able to communicate with your clients. Linguistic competence in the realm of client materials is essential to your ability to



The women who come to you for services do so out of a particular need, but they cannot be reduced to that need.

provide quality care. Immigrant women, women who do not speak English, and women with limited education need client materials in different languages using basic vocabulary. Pictographs are also a useful way to convey information without the necessity of words.

Work on translating the most important materials first, like pre-appointment guides and counseling information. This will provide a basic level of communication about what your client can expect. NAF has begun to collect examples of translated forms, or may be able to direct you to health facilities that have already translated their own. To reduce the costs of translating materials, find multilingual volunteers who are able to rework your pre-existing forms.

Pamela Zappardino, Diversity Training Specialist, PlanWorks Consulting

“There are two ways for you to approach people. You can use the doubting approach, which assumes that there is a right and wrong way to do things. The goal of the doubting approach is to be right and win. Or you can use the understanding approach, which assumes that there are multiple valid views, and the goal is to learn.”

Within any given language, there will be different levels of literacy and different slang terms for parts of the body. Producing materials in the language of your clients does not mean you share a common understanding of the nuances of communication, or the same cultural understanding of treatment options. For example, if you use academic Spanish in your client materials, it may be indecipherable to some of your clients. Once you have created rough drafts of different forms, hold focus groups with women in your community, talk about the forms with your clients, and make changes if you realize that there is a problem with comprehension. To address the needs of women with different literacy levels, one NAF member clinic developed a series of videos (see “Model Programs”) in various languages that discussed consent forms, as well as the entire clinic experience. Another NAF member clinic developed a picture book detailing the clinic experience from beginning to end.

In addition, it will be important for your staff to be able to communicate verbally with your clients. Hire multilingual staff, and work with interpreters on an as-needed basis. Interpreters can be found via local translation services listed in your phone book. Several clinics have also successfully used graduate students at universities. To increase the number of bilingual or multilingual people on staff, one NAF member clinic worked to recruit their interpreters into full-time staff positions. Even if staff members are not fluent in a particular language, the ability to say a few welcoming words in the client’s language builds trust and puts the client at ease. For example, when one NAF member clinic noticed that they were serving more and more Indian women, they organized an evening class during which they ordered Indian food and learned how to say hello and a few anatomical words in Punjabi.

Along with transforming written and verbal communications between your staff and your clients, take time to evaluate the physical aspects of your organization. Do the posters in your waiting area include images of women of different ages and ethnicities? Are the posters filled with words or do they contain pictures as well? If the magazine or brochure racks are high on the wall, put them down lower so that people in wheelchairs will be able to reach them. If you have plastic models for teaching about breast self-examinations or how to put on a condom, try to order them in different sizes and colors. The goal is not to completely transform into a culturally and linguistically competent organization in one day, but to make incremental changes on a variety of levels to make sure that all women who enter your door will find some reflection of themselves inside.

Conclusion



By the time women of color, low-income women, and immigrant women walk into your clinic, facility, office, or organization they have already overcome many barriers. As providers and activists, it is your responsibility to make certain that the kind of treatment they receive in your care does not become another obstacle. As Dian Harrison explained in her concluding comments, “You have to just do it. Don’t use the excuse that we don’t have the money, or we can’t find the people. If you don’t reach out to those communities, then no, you can’t do it. You’ve never engaged them in a way that you want to hear what they have to say. If you have to shift resources for a little bit, then shift them. It will become so much a part of the organization that you don’t even have to think about it, you just do it.”

You must help to build a better system for those who are being let down by the status quo, and the way to do this is to reach out to your communities by offering culturally and linguistically competent reproductive health care. When underserved women can begin to trust the system and begin to have full access to culturally competent, high quality care, we will be making the steps towards the elimination of many of the health disparities that exist between different racial, ethnic, and socio-economic groups in the United States.

**Vicki Saporta, President & CEO,
National Abortion Federation**

“We know that real change does not happen in a vacuum. Nor are there any quick fixes to long-held cultural biases. But real change does happen when we work together in a spirit of respect and mutual determination. We hope to learn from each other, apply what we have learned, and build on our collective experiences to improve access to abortion services for all women.”

Model Programs



Many NAF members have developed effective diversity initiatives or programming for clinic staff and the greater community. Following are descriptions of three such programs focusing on workforce development, language barriers, and community outreach. Each includes a brief section on steps for implementation to facilitate adaptation and implementation of similar programming for your needs. We have included contact information for each of the three organizations if you would like more information.

Workforce Diversity Development

Workplaces are enriched by the diversity of their workforces. Workforce diversity is an immense and complex topic which drives organizations to be more inclusive; augmenting their policies, procedures and practices to become more effective. One NAF member clinic implemented a proactive and effective approach to seeking to diversify its workforce.

The D-Squad focused efforts on impacting organization-wide systems and processes, along with staff training, as the most effective way of initiating and maintaining long-lasting, meaningful change.

Planned Parenthood Southeastern Pennsylvania--Philadelphia, PA

Mary Banecker, Vice President of Administration

Project: D-Squad

Planned Parenthood of Southeastern Pennsylvania (PPSP) recognized that creating a more respectful and diverse workplace was essential to fulfilling its mission and necessary in an increasingly competitive health care environment. PPSP felt deeply that it was simply the right thing to do. Therefore, with the support and leadership of the Planned Parenthood Federation of America, the PPSP senior management, and Board of Directors, the D-Squad was born. The D-Squad (Diversity Squad) is made up of PPSP senior management, middle managers, direct health care service providers, clinic staff, education staff, and security staff. It was created to implement an organization-wide change in approaching and confronting issues of diversity. The participants decided not to focus their efforts on the more traditional approach to addressing diversity in the American workplace, which typically limits the effort to staff training. Rather, the D-Squad focused efforts on impacting organization-wide systems and processes, along with staff training, as the most effective way of initiating and maintaining long-lasting, meaningful change.

A *Four-Year Diversity Plan* for the organization developed by the D-Squad included goals, strategies, actions, timeframes, and the positions and departments responsible for ensuring action. Some of the strategies include: creating agency-wide policies and procedures to ensure a culture of respect and acknowledgment that is consistent and permanent; developing special projects that enhance the agency's involvement with a diversity of cultural and religious groups; providing appropriate professional development of staff; and increasing access for clients with physical challenges.

Planned Parenthood Southeastern Pennsylvania's Steps for Implementation

- PPSP CEO, Senior Management Team, and Board of Directors began formal conversations about diversity and how to address it at PPSP;
- PPSP Board of Directors articulated “increased diversity of its membership” as a goal by developing policy guidelines;
- staff was briefed on the diversity building goals of the Board Directors;
- outreach staff coordinated an interdepartmental team to develop a long-range diversity plan for the organization; the team crafted language on “How PPSP Celebrates and Promotes Diversity,” “How PPSP Can Expand Capacity for Diversity,” created a Mission Statement, and coined a name – The D-Squad;
- after a 16-month period of meetings with staff, patients, and brainstorming solutions, a *Four-Year Diversity Plan* was completed; and
- diversity plan was strategically rolled out by implementing a low-key announcement at an annual event, including giving staff post-it notes with the new diversity logo; conducting small group meetings with the management team and individual departments to discuss initiative; and distributing a special issue of the organization’s newsletter, “Family Matters.”

The D-Squad also developed a mentoring program led by senior staff with the primary goal of increasing staff retention and promoting staff from within, as well as holiday celebration guidelines that addressed the need to be sensitive to both internal staff and external clients who have a diversity of religious, cultural, and ethnic affiliations. The guidelines included parameters for decorating public and private space.

Although faced with a significant task, the members of the D-Squad articulated and applied the values of creating a safe space to exchange ideas, challenge assumptions, take risks, and be expansive in their thinking.

For more information, contact:

Mary Banecker

Vice President of Administration, PPSP

(215) 351-5506

mary.banecker@ppsp.org

www.ppsp.org

Language Barriers

Language barriers hinder some women's access to reproductive health care. If a woman is unable to communicate with her health care provider and vice versa, she is less likely to receive appropriate health care. Two NAF member clinics recognized this problem and developed a project to address these concerns.

Southern Tier Women's Services – Vestal, NY

Margaret R. Johnston, Director

Allegheny Reproductive Health Center – Pittsburgh, PA

Claire Keyes, Director



Project: Video Translations of Patient Materials

Implemented by Southern Tier Women's Services and expanded by the Allegheny Reproductive Health Center, the video translations at these clinics offer presentations of the first trimester surgical abortion clinical experience to patients who do not understand, or have minimal fluency in English.

Margaret R. Johnston, Director of Southern Tier Women's Services, created a script that reviews basic informed consent, and provides a description of the surgical abortion procedure, aftercare, and a birth control overview. The original series was available in Spanish, Russian, Lao (Thai) and Vietnamese. Claire Keyes, Director of the Allegheny Reproductive Health Center, picked up the project, added a tour of the clinic to the video, and translated it into six more languages – Japanese, Haitian, Mandarin and Cantonese Chinese, Korean, and Serbo-Croatian.

The frightening experience of being unable to communicate with a patient who spoke no English and had a seizure while on the examination table convinced Johnston that not only was there a need to translate basic information into other languages, but also a need to create a format that would allow English-speaking staff to understand what the patient was attempting to convey. "All materials are in both languages, sentence for sentence. That way when we ask, 'any heart problems?' or 'how many children?' we can pause the tape and [the patient] can answer," states Johnston. The patient answers with simple gestures conveying "yes" or "no." Using videotape also allows women who cannot read their own language the opportunity for communication.

There are still unmet needs, such as videos and print translations of patient materials in the African languages and Hmong. The general need is greatest when the first large numbers of immigrants and refugees arrive to a particular region, when none of them speaks English, and when some of them may still be carrying pregnancies resulting from war rapes. The need persists as long as the ethnic group continues to flee its own country and then is dependent on the degree to which members of the ethnic group assimilate. Establishing a tie-in with the groups that sponsor the immigrants is important so that the tapes can be made as they begin to arrive.

The need persists
as long as the
ethnic group
continues to flee
its own country
and then is
dependent on the
degree to which
members of the
ethnic group
assimilate.

*Southern Tier Women's Services and Allegheny Reproductive Health Center's
Steps For Implementation*

- Senior staff identified the problem and need;
- staff established the language needs of the particular communities in their region by evaluating their patient population and public demographic data;
- staff developed a script in English, then advertised in universities and ethnic restaurants for translators and paid a small fee (\$100);
- script was reviewed by staff, translators, and pilot tested by a small group of native speakers of each native language;
- staff were actors for the video presentations;
- Southern Tier's project funding was aided by using the pro-choice clinic fund that was funded by patient donations; and
- for a small fee, staff found a talented and skilled community-based videographer sympathetic to the project.

For more information, contact:

Margaret Johnston

Director, Southern Tier Women's Services

(607) 785-4171

www.amycousinsmd.com

Claire Keyes

Director, Allegheny Reproductive Health Center

(412) 661-8811

www.alleghenyreproductive.com

Community Outreach

Clinics gain significant support by reaching out to the community and forming collaborations with community-based organizations. One NAF member clinic saw the need to provide reproductive health services and information for the historically underserved bisexual, lesbian, and transgendered (BLT) communities and did so by organizing successful programming in partnership with a local organization.

Emma Goldman Clinic – Iowa City, IA

Karen Kubby, Executive Director

Project: BLT Night at the Emma Goldman Clinic

Since 1991, the Emma Goldman Clinic has hosted a free clinic for bisexual, lesbian and transgendered women in collaboration with the Free Medical Clinic, a community-based clinic focusing on general outpatient health care to uninsured and underinsured adults and children. The two organizations teamed up to provide a donation-based clinic for women in the BLT community. Services provided include a pelvic exam, pap smear and sexually transmitted infection testing. Some women also find themselves with unintentional pregnancies and in need of counseling or abortion services.

The evening clinic was part of the Pride Month calendar. In addition to the evening clinic, Emma Goldman and the Free Medical Clinic also provided an information table at the Pride Festival where they disseminated materials and made appointments for in-office care.

The clinics also provided educational programming, including presenting a seminar on pap smear objectors. This discussion was specifically for BLT women who wanted to discuss their hesitations, fears, previous experience, and non-experience of having an annual reproductive health care exam.

Starting a program such as this takes time and commitment. It may take repeated attempts to build trust and a sense that your facility is a safe, non-judgmental, and informed place. Your efforts will be rewarded, however, by building new ties to the community and providing services for an underserved population.



Starting a program such as this takes time and commitment. It may take repeated attempts to build trust and a sense that your facility is a safe, non-judgmental, and informed place.

Emma Goldman Clinic's Steps for Implementation

- Executive Director contacted an appropriate community organization to begin dialogue and collaboration;
- they provided cultural competency training for practitioners to build awareness of the health needs and challenges of the BLT women's community;
- staff advertised in publications geared towards bisexual, lesbian, and transgender populations;
- staff coordinated with other events, such as local Pride Festivals, typically celebrated in June;
- staff provided refreshments, door prizes, and decorations that fit the occasion; and
- staff asked participants and practitioners for feedback about the services and atmosphere created and whether they were ready to make adjustments based on this feedback.

For more information, contact:

Karen Kubby

Executive Director, Emma Goldman Clinic

(319) 327-2111

www.emmagoldman.com.

Over the past two years NAF has been in touch with, and collected information about the following organizations and resources that are concerned with the needs of women from diverse backgrounds. The list will be updated regularly on the NAF website.

NAF Resources on Cultural and Linguistic Competency and Abortion Access



Increasing Access to Abortion for Women in Diverse Communities

In 2001, NAF convened a national consortium to address underserved women's access to abortion care. This publication details four recommendations made by consortium participants.

www.prochoice.org

NAF Clearinghouse of Resources

An extensive list of cultural competency and diversity building resources are updated regularly on NAF's website.

www.prochoice.org

NAF Fact Sheets

NAF offers a series of fact sheets on abortion and abortion access. Some fact sheets are also available in Spanish.

www.prochoice.org

NAF Hotline – 1-800-772-9100

NAF's national, bilingual toll-free Hotline provides callers with accurate information and referrals to member abortion providers who uphold NAF's standards for quality care.

www.prochoice.org

NAF's Monthly Outreach E-Newsletter

This e-newsletter provides the latest information on NAF Outreach programming, issues of diversity in reproductive health care, tools on building cultural competency, and much more. To subscribe, visit NAF's website.

www.prochoice.org

Organizations Addressing Cultural Competence in Health care



American Medical Student Association

AMSA's Resource Center offers a variety of publications, self-assessment tools, project guides, online resources, and training opportunities focusing on cultural competency. The majority of their publications are written, edited, or compiled by AMSA members in conjunction with national projects.

www.amsa.org

The Center for Cross-Cultural Health

This organization provides community profiles in Minnesota including: Hmong, Russian, Jewish, Bosnian, Vietnamese, and Ukrainian. They publish the Cross Winds newsletter, "Six Steps Toward Cultural Competence," and "Caring Across Cultures: The Provider's Guide to Cross-Cultural Health Care." Find resource links and more.

www.crosshealth.com

Cross Cultural Health Care Program

The program offers cultural diversity and cultural competency training, interpreter training, and translation services.

www.xculture.org

Diversity Rx

Promotes language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities.

www.diversityrx.org

National Advocates for Pregnant Women

The mission of NAPW is to secure the human and civil rights, health, and welfare of pregnant and parenting women while protecting children from punitive and misguided state policies. They advocate on behalf of all women, especially

those who are most marginalized: women of color, low-income women, and women who use drugs.

www.advocatesforpregnantwomen.org

The National Center for Cultural Competence

NCCC's mission is to increase the capacity of health and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems.

www.georgetown.edu/research/gucdc/nccc

U.S. Department of Health and Human Services' Office of Minority Health

The Office on Minority Health produced a final report, *National Standards for Culturally and Linguistically Appropriate Services in Health care*, detailing standards for producing culturally and linguistically appropriate health care services (CLAS).

www.omchr.gov/omh/programs/2pgprograms/finalreport.pdf

Assessment Tools



Cultural Assessment Tool

Produced by the University of Michigan Health System, this is a cultural assessment tool to help providers understand where patients derive their ideas about disease and illness. Assessments help to determine beliefs, values, and practices that might have an effect on patient care and health behaviors.

www.med.umich.edu/multicultural/ccp/assess.htm

Cultural Competence Clinic Assessment Tool

This booklet offers a self-test for clinic staff to gauge their current level of cultural competence. For a copy, write to: Success by 6/United Way of Minneapolis and Hennepin Medical Society Center for Cross-Cultural Health, W-227, 410 Church Street, Minneapolis, MN 55455.

<http://national.unitedway.org/sb6/>

Cultural Competence in Primary Health Care:

Self-Assessment

Developed by the Georgetown University Child Development Center's National Center for Cultural Competence, this self-assessment tool helps to gauge the degree to which an organization is effectively addressing the needs and preferences of culturally and linguistically diverse groups.

<http://gucchd.georgetown.edu/nccc/orgselfassess.html#benefits>

Multicultural Organizations



National Center for Human Rights Education

NCHRE works to build a human rights movement in the United States by training community leaders and student activists to apply human rights standards to issues of injustice. As an information clearinghouse and technical assistance provider, NCHRE seeks to increase human rights understanding, improve cooperation among progressive social change movements, and use human rights education as a catalyst for social transformation.

www.nchre.org

National Multicultural Institute

NMCI's mission is to work with individuals, organizations, and communities in creating a society that is strengthened and empowered by its diversity.

www.nmci.org/otc/default.htm

SisterSong Women of Color Reproductive Rights Health Collaborative

The collective is made up of local, regional, and national grassroots organizations representing four major ethnic populations/indigenous nations in the United States: African-Americans, Asian-Americans, Latinas, and Native Americans. SisterSong is committed to educate women of color on reproductive and sexual health and rights and work towards the access of health services. The group develops information

and resources that are culturally and linguistically appropriate through the integration of the disciplines of community organizing, self-help, and human rights education.

www.sistersong.net

Culturally Specific Organizations



African-American

African-American Women Evolving

AAWE's mission is to increase the activism and leadership of black women around reproductive health.

www.aaweonline.org

Black Women's Health Imperative

The Black Women's Health Imperative, the new name of the National Black Women's Health Project, is a leading African-American health education, research, advocacy, and leadership development institution.

www.blackwomenshealth.org

California Black Women's Health Project

The project advocates for policies that promote and improve the physical, spiritual, and emotional well-being of black women and girls in California. It seeks to empower women to take control and become active participants in improving their health status through education, self-help, and advocacy.

www.cabwhp.org

National Medical Association

The NMA promotes the collective interests of physicians and patients of African descent and carries out their mission by serving as the voice of physicians of African descent and a leading force for parity in medicine, elimination of health disparities, and promotion of optimal health.

www.nmanet.org

SisterLove, Inc.

Founded in 1989, SisterLove sponsors transitional housing and support services, the Women's AIDS Prevention Project, edu-

cation on reproductive health, the CareWorks Volunteer Program, and other services for women of color in the Atlanta area.

www.sisterlove.org

Arab-American

National Arab-American Medical Association

NAAMA is a non-profit, non-political, educational, and charitable organization for medical professionals of Arab descent.

www.naama.com

Asian-American/Pacific Islander

Asian & Pacific Islander American Health Forum

APIAHF is a national advocacy organization dedicated to promoting policy, program, and research efforts for the improvement of health status of all Asian-American and Pacific Islander communities.

www.apiahf.org

Asian and Pacific Islanders for Reproductive Health

APIRH works with the Asian and Pacific Islander Community, particularly in the western United States, to educate and assist with access to reproductive health.

www.apirh.org

Asian Women's Health Clinic

Located in Canada, Asian Women's Health Clinic was established to address cultural and linguistic barriers limiting access to preventive health services for Chinese women.

<http://collection.nlc-bnc.ca/100/201/300/>

cdn_medical_association/cmaj/vol-159/issue-4/0350.htm

Kokua Kalihi Valley Comprehensive Family Services

A non-profit organization whose mission is to be an agent for healing and reconciliation in the Kalihi Valley community on the island of Oahu.

www.kkv.net

Latina/Puerto Rican

National Alliance for Hispanic Health

The Alliance is the nation's oldest and largest network of

Hispanic health and human services providers. Members deliver quality services to over 12 million persons annually.
www.hispanichealth.org

National Center for Latinos with Disabilities

NCLD serves three primary constituencies: individuals with disabilities, their families, and professionals who work with these individuals and their families.

<http://homepage.interaccess.com/~nclcd/>

National Hispanic Medical Association

NHMA was organized in 1994 to address the interests and concerns of 26,000 licensed physicians and 1,800 full-time Hispanic medical faculty dedicated to teaching medical and health services research.

<http://home.earthlink.net/~nhma/webdoc1.htm>

National Latina Institute for Reproductive Health

NLIRH's mission is to ensure the fundamental human right to reproductive health care for Latinas, their families and their communities through education, advocacy and coalition building.

www.latinainstitute.org

National Latina Health Organization

A national advocacy and education organization, NLHO advocates for Latina issues at both the national and local levels, providing health information, referral services, and a resource center.

www.latinahealth.org

Native American/Indigenous

Indigenous Peoples AIDS Task Force

Formerly the Minnesota American Indian Task Force, its mission is to strengthen the health and education of native people.

email: smarieday@aol.com

Native American Women's Health Education Resource Center

Founded in 1988 on the Yankton Sioux Reservation,

NAWHERC programs address reproductive health, fetal alcohol syndrome, domestic violence, child development, and youth wellness. Additionally, NAWHERC runs a battered women's shelter, food pantry, diabetic nutrition program, organizes community health fairs, and publishes the Wicozanni Wowapi Newsletter.

www.nativeshop.org/nawherc.html

The Wise Women Gathering Place

The Gathering Place is a women's reproductive health resource center, which provides a book and video library along with internet access computers for clients to use in their personal research. It is staffed by experienced midwives who provide assistance offering health care information when needed, as well as classes about childbirth, pregnancy, breastfeeding, relationship development, and alternative methods of health care.

email: easkdore@new.rr.com

Immigrants

AmASSI Center

AmASSI's mission is to serve the diverse African immigrant community with culturally affirming services focusing on advocacy, health, well-being, self respect, responsibility, leadership development, HIV/AIDS prevention, diversity, education, critical thinking, and other health and human services needs.

www.amassi.com

American International Health Alliance

AIHA maintains a searchable Directory of Translated Materials – health and medical documents. This is a directory of over 400 health-related materials that have been translated into languages of the former Soviet Union and Central and Eastern Europe.

www.aiha.com

Ayuda

Ayuda is a domestic violence, legal, and advocacy organization working with Hispanic immigrants.

www.ayudaenaccion.org/

Ethiopian Community Development Council

Through offices in the United States, ECDC conducts educational and social service programs that help newcomers resettle in their new communities and acculturate; recover from past trauma; gain personal independence and economic self-sufficiency; and quickly become able participants and productive, contributing members of American society.
www.ecdcinternational.org/whoware/default.asp

Mexican American Legal Defense and Education Fund

MALDEF's mission is to foster sound public policies, laws, and programs to safeguard the civil rights of the 40 million Latinos living in the United States and to empower the Latino community to fully participate in our society.
www.maldef.org

The Provider's Guide to Quality and Culture

This site provides information in a variety of areas including: understanding immigrant, refugee, and minority populations; common health problems in selected minority, ethnic, and cultural populations; common beliefs and cultural practices; non-verbal communications; relating to a patient's family; culturally competent organizations; and expanded information for five cultural groups. Take the Quality and Culture Quiz to examine your own cultural competence.

<http://erc.msh.org/quality&culture>

The World-Wide Web Virtual Library on Migration and Ethnic Relations

This website contains a complete alphabetical list of all resources included in the WWW Virtual Library on Migration and Ethnic Relations.
www.ercomer.org

Linguistic Education and Translation Resources



AT&T Language Line

The AT&T Language Line offers 24-hour access to interpretations of over 140 languages, over the phone, within min-

utes. To reach an interpreter from the United States or Canada, call 800-628-8486. The Language Line also provides software, localization, translation, and multinational document management services.

Certification of Medical Interpreters

Cross Cultural Health Program details the factors needed and accepted standards of receiving medical interpreter certification.

www.xculture.org/new/ask/detail.cfm?QID=4&list=4%2C6

Society of Medical Interpreters

SOMI is dedicated to promoting professionalism and excellence in interpretive services to enhance the provision of health and social services to ethnic communities.

www.diversityrx.org/HTML/MOASSB.htm

Word2Word Language Resources

This site is dedicated to breaking down language barriers and assisting those who have the desire to learn language, a need to communicate between languages, and for those who work with languages as a profession.

www.word2word.com

Articles and Fact Sheets



Cultural Aspects of Caring for Refugees

This article addresses the cultural barriers faced by refugees seeking medical treatment, as well as recommendations to create a better and more productive medical experience.

(*American Family Physician*, March 1998).

www.aafp.org/afp/980315ap/medsoc.html

Language Barriers Hinder Access to Women's Reproductive Health Care

Eliminating language barriers is critical to the health and well-being of millions of people. If a woman is unable to communicate with her health care provider, she is less likely to receive appropriate health care.

www.prochoiceamerica.org/facts/language_barriers_health_services.cfm

Medical Care for Immigrants and Refugees

This article describes medical conditions associated with immigrants, as well as specific screening recommendations, including history, physical examination and laboratory tests, and some of the challenges encountered by family physicians caring for refugees.

www.aafp.org/afp/98301ap/gavgan.html

Minority Health Care Providers: The Need to Increase the Number, Diversity, and Distribution

A dearth of minority and women health care providers exists in the U.S. The situation is particularly acute in predominantly minority neighborhoods and regions. As a result, women of color are less likely to obtain the reproductive health care they need.

www.prochoiceamerica.org/facts/minority_health_care_providers.cfm

Pocket Guide to Minority Health Resources

This easy-to-use guide is published by the Office of Minority Health. It lists phone numbers and addresses of OMH regional coordinators, public health service minority liaisons, federal information centers and clearinghouses, and national organizations, categorized by target population.

www.omhrc.gov/omhrc/publications/publications3.htm

Books and Publications



Betancourt JR, Green AR, Carrillo JE. *Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches, Final Report*. New York, NY: The Commonwealth Fund, 2002.

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

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

Hedrick H, ed. *Cultural Competence Compendium*. Chicago, IL: American Medical Association, 1999.

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

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

Like RC, Steiner RP, and Rubel AC. Recommended core curriculum guidelines on culturally sensitive and competent health care. *Family Medicine* 1996; 28:291-98.

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

Mutha S, Allen C, Welch M. *Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies*. San Francisco, CA: Center for the Health Professions, University of California, San Francisco Press, 2002.

Roberts D. *Killing the Black Body*. New York, NY: Random House Value Publications, 1999.

Salimbene S. *What Language Does Your Patient Hurt In? A Practical Guide to Culturally Competent Patient Care, from Other Cultures*. Amherst, MA: Diversity Resources, 2000.

Smedley BD, Stith AY, Nelson AR, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. New York, NY: Institute of Medicine, 2002.

Spector RE. *Cultural Diversity in Health & Illness*, Fifth Edition. Upper Saddle River, NJ: Prentice-Hall, 2000.



1755 Massachusetts Avenue, NW • Suite 600 • Washington, DC 20036 • 202-667-5881 • www.prochoice.org

