American Association
of Colleges *of* Nursing

**TOOL KIT OF RESOURCES FOR CULTURAL COMPETENT EDUCATION
FOR BACCALAUREATE NURSES**
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TOOL KIT OF RESOURCES FOR CULTURAL COMPETENT EDUCATION FOR BACCALAUREATE NURSES

I. OVERVIEW

The purpose of the Cultural Competency Tool Kit is to provide resources and exemplars and to facilitate implementation of cultural competencies in baccalaureate nursing education. The Tool Kit identifies significant content, teaching-learning activities, and resources that will help faculty integrate cultural competency in nursing curriculum.

The contents in this tool kit are not necessarily the only information to consider as there are many references, organizations, and links related to cultural competency.

Key Competencies

These five competencies identify the key elements considered essential for baccalaureate nursing graduates to provide culturally competent care. These competencies serve as a framework for integrating suggested content and learning experiences into existing curricula.

- Competency 1: Apply knowledge of social and cultural factors that affect nursing and health care across multiple contexts.
- Competency 2: Use relevant data sources and best evidence in providing culturally competent care.
- Competency 3: Promote achievement of safe and quality outcomes of care for diverse populations.
- Competency 4: Advocate for social justice, including commitment to the health of vulnerable populations and the elimination of health disparities.
- Competency 5: Participate in continuous cultural competence development.

II. EDUCATION

This section provides key definitions/concepts, models, strategies, and resources.

Key Concepts Related to Cultural Competency

Although numerous definitions may exist for the terms used throughout the tool kit, examples from a variety of sources that are easily retrievable from popular textbooks, articles, and Internet resources have been provided. Faculty are encouraged to explore definitions from other resources. The most important aspect in developing cultural competence is understanding the interrelatedness of cultural concepts. It is suggested that these definitions be used as a first step toward understanding the complex and dynamic nature of culture. Discussion of these definitions promotes reflection on some of the challenges, contradictions, and ambiguity inherent in the process of becoming culturally competent.

Acculturation. Acculturation is the process of incorporating some of the cultural attributes of the larger society by diverse groups, individuals, or peoples (Helman, 2007). The process of acculturation is bi-directional, affecting both the host and target individual or communities in culture contact. Acculturation considers the psychological processes of culture contact between two or more cultural groups involving some degree of acculturative stress and possibly syncretism leading to new cultural variations and innovations (Chun, Organista, & Marín, 2003; Sam & Berry, 2006).

Culture. Culture is a learned, patterned behavioral response acquired over time that includes implicit versus explicit beliefs, attitudes, values, customs, norms, taboos, arts, and life ways accepted by a community of individuals. Culture is primarily learned and transmitted in the family and other social organizations, is shared by the majority of the group, includes an individualized worldview, guides decision making, and facilitates self worth and self-esteem (Giger, Davidhizar, Purnell, Harden, Phillips, & Strickland, 2007).

Cultural Awareness. Cultural awareness is being knowledgeable about one's own thoughts, feelings, and sensations, as well as the ability to reflect on how these can affect one's interactions with others (Giger et al., 2007).

Cultural Competence. Cultural competence is defined for our purposes as the attitudes, knowledge, and skills necessary for providing quality care to diverse populations (California Endowment, 2003). "…Competence is an ongoing process that involves accepting and respecting differences and not letting one's personal beliefs have an undue influence on those whose worldview is different from one's own. Cultural Competence includes having general cultural as well as cultural-specific information so the health care provider knows what questions to ask." (Giger et al., 2007).

Cultural Imposition. Cultural imposition intrusively applies the majority cultural view to individual and families. Prescribing a special diet without regard to the client's culture and limiting visitors to immediate family borders in cultural imposition. In this context, health care providers must be careful in expressing their cultural values too strongly until cultural issues are more fully understood (Giger et al., 2007).

Cultural Sensitivity. Cultural sensitivity is experienced when neutral language–both verbal and nonverbal–is used in a way that reflects sensitivity and appreciation for the diversity of another. It is conveyed when words, phrases, categorizations, etc. are intentionally avoided, especially when referring to any individual who may interpret them as impolite or offensive (Giger et al., 2007). Cultural sensitivity is expressed through behaviors that are considered polite and respectful by the other. Such behaviors may be expressed in the choice of words, use of distance, negotiating with established cultural norms of others, etc.

Discrimination. Discrimination occurs when a person acts on prejudice and denies another person one or more of his or her fundamental rights (Spector, 2004). Direct discrimination occurs when someone is treated differently, based upon race, religion, color, national origin, gender, age, disability, sexual orientation, familial/marital status, prior arrest/conviction record, etc. Indirect discrimination occurs when someone is treated

differently based on an unfair superimposed requirement that gives another group the advantage. Discrimination results in disrespect, marginalization or disregard of rights and privileges of others who are different from one's own background. This may be evident in different forms such as ageism, sexism, racism, etc. (Purnell, 2008; Andrews & Boyle, 2008).

Diversity. Diversity as an all-inclusive concept, and includes differences in race, color, ethnicity, national origin, and immigration status (refugee, sojourner, immigrant, or undocumented), religion, age, gender, sexual orientation, ability/disability, political beliefs, social and economic status, education, occupation, spirituality, marital and parental status, urban versus rural residence, enclave identity, and other attributes of groups of people in society (Giger et al., 2007; Purnell & Paulanka, 2008).

Health Disparity and Healthcare Disparity. Health disparities are differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States (NIH, 2002-2006). The definition of health disparities assumes not only a difference in health but a difference in which disadvantaged social groups—who have persistently experienced social disadvantage or discrimination—systematically experience worse health or greater health risks than more advantaged social groups (Braveman, 2006). Consideration of who is considered to be within a health-disparity population has policy and resource implications. A healthcare disparity is defined as a difference in treatment provided to members of different racial (or ethnic) groups that is not justified by the underlying health conditions or treatment preferences of patients (1OM, 2002). These differences are often attributed to conscious or unconscious bias, provider bias, and institutional discriminatory policies toward patients of diverse socioeconomic status, race, ethnicity, and/or gender orientation.

Stereotyping. Stereotyping can be defined as the process by which people acquire and recall information about others based on race, sex, religion, etc. (IOM, 2002). Prejudice often associated with stereotyping is defined in psychology as an unjustified negative attitude based on a person's group membership. Stereotype includes having an attitude, conception, opinion, or belief about a person or group (Giger et al., 2007). Stereotypes can have an influence in interpersonal interactions. The beliefs (stereotypes) and general orientations expressed by attitudes and opinions can contribute to disparities in health care. "Some evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to differences in care" (IOM, 2002) and they may not recognize manifestations of prejudice in their own behavior. However patients might react to providers' behavior associated with these practices in a way that contributes to disparities. A healthcare provider who fails to recognize individuality within a group is jumping to conclusions about the individual or family (Giger et al., 2007).

For further information on definitions/key concepts used in providing cultural competency go to:
http://www11.georgetown.edu/research/gucchd/nccc/foundations/frameworks.html
http://www.culturediversity.org/basic.htm

Nursing Models for Culturally Competent Care

Although not an all-inclusive list, the following selected models were developed by nurses. The key elements of each are briefly described below.

Campinha-Bacote Model of Cultural Competence

According to Campinha-Bacote (2008), individuals as well as organizations and institutions begin the journey to cultural competence by first demonstrating an intrinsic motivation to engage in a cultural competence process. The central concepts in this model are described below.

- *Cultural Awareness*. The nurse becomes sensitive to the values, beliefs, lifestyle, and practices of the patient/client, and explores her/his own values, biases and prejudices. Unless the nurse goes through this process in a conscious, deliberate, and reflective manner there is always the risk of the nurse imposing her/his own cultural values during the encounter.
- *Cultural Knowledge*. Cultural knowledge is the process in which the nurse finds out more about other cultures and the different worldviews held by people from other cultures. Understanding of the values, beliefs, practices, and problem-solving strategies of culturally/ethnically diverse groups enables the nurse to gain confidence in her/his encounters with them.
- *Cultural Skill*. Cultural skill as a process is concerned with carrying out a cultural assessment. Based on the cultural knowledge gained, the nurse is able to conduct a cultural assessment in partnership with the client/patient.
- *Cultural Encounter*. Cultural encounter is the process that provides the primary and experiential exposure to cross-cultural interactions with people who are culturally/ethnically diverse from oneself.
- *Cultural Desire*. Cultural desire is an additional element to the model of cultural competence. It is seen as a self-motivational aspect of individuals and organizations to want to engage in the process of cultural competence.

Campinha-Bacote emphasizes that a cultural assessment is needed on every client, for every client has values, beliefs and practices that must be considered when rendering health care services. Therefore, cultural assessments should not be limited to specific ethnic groups, but rather conducted with each patient.

For further information about the Campinha-Bacote Model, go to:
http://www.transculturalcare.net/

Giger and Davidhizar's Model of Transcultural Nursing

The Transcultural Assessment Model, developed by Giger and Davidhizar (2008), focuses on assessment and intervention from a transcultural nursing perspective. In this model, the person is seen as a unique cultural being influenced by culture, ethnicity, and

religion. There are six areas of human diversity and variation in the model, each viewed as evident in all cultural groups.

- *Communication*. The factors that influence communication are universal, but vary among culture-specific groups in terms of language spoken, voice quality, pronunciation, use of silence, and use of nonverbal communication.
- *Space*. People perceive physical and personal space through their biological senses. The cultural aspect of space is in determining the degree of comfort one feels in proximity to others, in body movement, and in perception of personal, intimate, and public space.
- *Social Orientation*. Components of social organization vary by culture, with differences observed in what constitutes one's understanding of culture, race, ethnicity, family role and function, work, leisure, church, and friends in day-to-day life.
- *Time*. Time is perceived, measured and valued differently across cultures. Time is conceptualized in reference to the lifespan in terms of growth and developments, perception of time in relation to duration of events, and time as an external entity, outside our control.
- *Environmental Control*. Environment is more than just the place where one lives, and involves systems and processes that influence and are influenced by individuals and groups. Culture shapes an understanding of how individuals and groups shape their environments and how environments constrain or enable individual health behaviors.
- *Biological Variations*. The need to understand the biological variations is necessary in order to avoid generalizations and stereotyping behavior. Biological variations are dimensions such as body structure, body weight, skin color, internal biological mechanisms such as genetic and enzymatic predisposition to certain diseases, drug interactions, and metabolism.

The model proposes a framework that facilitates assessment of the individual. A set of questions is constructed under each of the six areas to generate information useful in planning care congruent with the individual's cultural orientation and individual needs. The model also represents a learning tool that can be utilized to explore issues about any of the six broad areas in practice. It encourages flexibility and the involvement of the patient as an equal partner in the cultural assessment of needs. The model can be used to elicit general explanatory models of health and illness.

Leininger's Cultural Care Diversity and Universality Theory/Model

Madeleine Leininger's theory and the Sunrise Model that depicts her theory are perhaps the most well known in nursing literature on culture and health (Leininger & McFarland, 2006). The theory draws from anthropological observations and studies of culture, cultural values, beliefs and practices. The theory of transcultural nursing promotes better understanding of both the universally held and common understandings of care among humans as well as the culture-specific caring beliefs and behaviors that define any particular caring context or interaction. Leininger states that the theory of cultural care diversity and universality is holistic. Culture is the specific pattern of behavior that

distinguishes any society from others and gives meaning to human expressions of care. The following are assumptions about care/caring as they relate to cultural competency:

- Care (caring) is essential to curing and healing, for there can be no curing without caring.
- Every human culture has lay (generic, folk, or indigenous) care knowledge and practices and usually some professional care knowledge and practices, which vary transculturally.
- Culture care values, beliefs, and practices are influenced by and tend to be embedded in the worldview, language, philosophy, religion (and spirituality), kinship, social, political, legal, educational, economic, technological ethnohistorical, and environmental contexts of cultures.
- A client who experiences nursing care that fails to be reasonably congruent with his/her beliefs, values, and caring lifeways will show signs of cultural conflict, noncompliance, stress and ethical or moral concern.
- Within a culture care diversity and universality framework, nurses may take any or all of these culturally congruent action modes including: cultural preservation, maintenance of patients' and families' existing patterns of care and health behaviors, cultural accommodation/negotiation to modify patterns of care, and cultural restructuring/repatterning to change or repattern cultural care behaviors.

Leininger recognizes the comparative aspects of caring within and between cultures, hence the acknowledgement of similarities as much as differences in caring in diverse cultures. The model has implications for how we assess, plan, implement, and evaluate care of people from diverse cultural backgrounds. The model has been used in a wide range of nursing specialties and across cultural groups.

For further information on the Leininger Model, go to:

Leininger's Discussion Board - Dr. Leininger's Web pages now reside on a discussion board. Dr. Leininger has provided downloads and answers to many common questions. All users must register on the website in order to view and download materials. http://www.madeleine-leininger.com/en/index.shtml

Nursing Model: Madeleine M. Leininger. Transcultural Nursing Society. http://www.tcns.org/

Purnell's Model of Transcultural Health Care

Purnell conceptualizes the development of cultural competence along an upward curve of learning and practice. An increasing level of achievement of competence characterizes the model that views the practitioner moving through four levels: a) from a stage of unconscious incompetence to b) conscious incompetence, followed by c) conscious competence, and finally d) unconscious competence.

Purnell's model of cultural competence consists of two sets of factors that are described as the macro aspects and micro aspects. In a diagrammatic representation of the model, concentric circles are used to locate the macro aspects and micro aspects. The macro aspects form the wider outer circles and the micro aspects the inner circle, all constituting segments of the whole. From the outermost circle moving inwards to the center, the concentric circles are made up of the global society, the community, the family, and the person.

- *Global Society*. Worldwide systems of politics, communication systems, commerce and economics, technologies and events, and the way these global systems shape the individual's or person's worldview form the global society.
- *Community*. A community is a group of people having a common interest or identity; goes beyond the physical environment to include the social and symbolic characteristics that case people to connect.
- *Family*. Two or more people who are emotionally involved, whether they live together or not, may constitute a family. Family structure and roles vary.
- *The Person*. The person is conceptualized as "a biopsychosociocultural human being who is constantly adapting."
- *Health*. Health is viewed as permeating aspects of culture, and defined at different levels, global, national, regional, local to the individual. Views of health consider the ethnocultural perspective of a cultural group, and relates to the physical, mental, and spiritual states in the context of the people and their interactions with the family, community and the wider world.

The micro-aspects are represented by pie-shaped segments that make up the 12 domains: Overview/Heritage, Communication, Family Roles and Organization, Workforce Issues, Biocultural Ecology, High-risk Health Behaviors, Nutrition, Pregnancy and Childbearing Practices, Death Rituals, Spirituality, Healthcare Practices, and Healthcare Practitioners. Under each domain are relevant concepts common to culture. Domains do not stand alone; they are all interconnected, represented by broken lines and bi-directional arrows between the domains. The black hole in the center of the model represents the unknown.

The domains of The Purnell Model allow for a more focused analysis. Used as a framework for nursing assessment and intervention, the model can provide useful insight into the aspects of the person's cultural needs in relation to each domain. It can also provide explanatory models for health and illness across cultures from *emic* and *etic* perspectives.

For further information on the Purnell Model, go to:
http://www.nursingtheory.net/mr_culturalcompetence.html

Spector's Health Traditions Model (Spector, 2004)

Rachel Spector's model incorporates three main theories: Estes and Zitzow's Heritage Consistency Theory, the HEALTH Traditions Model, and Giger and Davidhizar's cultural phenomena affecting health. Heritage consistency originally described the extent

to which a person's lifestyle reflected his or her tribal culture, but has been expanded to study a person's traditional culture, such as European, Asian, African, or Hispanic. The values indicating heritage consistency exist on a continuum. The HEALTH Traditions Model uses the concept of holistic health and explores what people do to maintain, protect, or restore health. The model shows the interrelated phenomena of physical, mental, and spiritual health with personal methods of maintaining, protecting, and restoring health. To maintain physical health, an individual may use traditional foods and clothing that were proven effective within the culture. Protection of one's mental health may be achieved by receiving emotional and social support from family members and the community. Religious rituals may be performed, believing they will assist in restoring health.

Spector also provides a Heritage Assessment Tool to determine the degree to which a particular person or family adheres to their traditions. A traditional person observes his or her cultural traditions more closely. A more acculturated individual practice is less observant of traditional practices.

Integrative Learning Strategies to Foster Cultural Competency

There are numerous teaching/learning activities which have been found effective in developing sensitivity and ability in cultural competent care. These suggested activities are intended to assist faculty in selecting appropriate teaching/learning strategies for classroom and specific clinical settings.

Classroom Teaching Strategies

- Assign students to **perform their own cultural self-assessment**
  - Explore student's own cultural backgrounds; family origin; advantages and disadvantages of belonging to own ethnic/racial group; own biases; prejudices and stereotypes about own group and others; similarities and differences between own group and others
  - Construct family history, including genogram and ecomap of resources
  - Share cultural symbols, food, and stories with other students.
- Assign students to do **oral presentations on a cultural assessment** of a family and its neighborhood
  - Using a cultural assessment model
  - Identifying health disparities relevant to the family and community
  - Reviewing census data on the group the family is affiliated with
  - Identifying cultural healers, alternative therapies and religious practices
  - Planning care based on assessment data
  - Extracting cultural patterns affecting nursing care
- Use **guest presentations** on cultural topics
  - Patients from diverse backgrounds who can speak of their experiences with professional caregivers and systems of care
  - Cultural healers like curanderos, herbalists, shamans, and medicine men/women who can share information on alternative diagnosis, treatment modalities, and explanatory models for health and illness

- o Health professionals with expertise in care of diverse patients and communities
- o Community and religious leaders to speak on cultural-specific needs and appropriate care for their constituents/parishioners
- o Patient advocates and legislative/legal advocates to speak about healthcare issues and actions on behalf of diverse patients and communities. Integrate components of cultural competence in the course with different strategies (i.e. seminars, lectures, workshops, group activities, etc)
- Discuss **case studies, journal articles, ethnographies, novels, or videos to:**
  - o Sensitize students to discrimination, oppression and unequal treatment of diverse groups
  - o Understand sociocultural differences
  - o Review potential and existing health disparities
  - o Examples of videos include *World's Apart* at www.info@fanlight.com and *Ouch! That Stereotype Hurts* at www.crmlearning.com
- Conduct guided **fieldtrips to ethnic neighborhoods** (i.e. Chinatown, Little Italy, Little Havana, etc), churches, botanica, bodegas, and grocery stores, museums, cultural healer, restaurants, folk festivals, and events
- Incorporate **alternative healing practices and healers** in the course
- Use **religious calendars** to develop appropriate schedule of treatments and nursing care
- Use **role play** to better understand racism, stereotyping, and cultural conflict
  - o Interview limited English proficiency (LEP) patient, using principles of intercultural communication
  - o Role play how the use of an interpreter can be used
  - o Provide an example of the interprofessional team confronting racism, stereotyping, and managing cultural conflict among its members
- **Critique health pamphlets, brochures and other media** using the framework of cultural and linguistic competence
- **Arrange linkage between students from other schools**
  - o Compare experiences with students in the northern territories of Canada, New Mexico, the Dakotas, Oklahoma, etc, who deal with greater numbers of Native Americans, etc
- Ask students to **develop cultural congruent nursing care plans** for specific cultures such as:
  - o Designing a collaboratively planned meal for a diabetic Hispanic or hypertensive Chinese patient
  - o Caring for a circumcised African female giving birth
- **Host events that celebrate diversity and highlight specific cultures**
  - o Celebrate events such as cultural and religious holidays, display multicultural artwork, offer ethnic foods, etc.
- **Develop simulated living experiences** where students are immersed in other life contexts
  - o Have students live within the poverty threshold, assuming an identity of a LEP patient, etc.

Clinical Teaching Strategies

- Conduct **clinical orientation** that emphasizes awareness of cross-cultural issues
- Provide **diverse clinical experiences** for students, such as:
    - Caring for vulnerable populations
    - Interacting with patients who are less proficient in English
    - Providing care for patients with disabilities, etc.
- Encourage students to **keep a journal** of their observations, thoughts and feelings regarding multicultural encounters
- Provide experiences in **different cultural contexts,** such as:
    - Seeing patients in poor ethnic urban neighborhoods
    - Visiting clinics in rural, underserved communities
    - Providing different clinical settings (i.e. primary care sites, behavioral health centers, school-based health centers, community health education and wellness centers, senior centers, etc)
- Promote **immersion of students in diverse communities** so they can:
    - Encourage collaboration with social service programs
    - Develop community partnership skills with multidisciplinary professionals and lay communities
    - Work with community stakeholders to promote equity in access to quality care
- Develop individual, family, and community health **assessment skills** that integrate cultural assessment
- Participate in **community activities** that build capacity and social capital (i.e. service learning, community health fairs, immunization clinics, faith-based wellness programs, etc)
- Consider **alternative therapies** available in specific communities
- Use **case presentations** focusing on culturally and linguistically appropriate clinical care
    - Arrange field trips to herbals stores, botanicas, bodegas and other ethnic stores, cultural healers, etc
- Use **case presentations** focusing on culturally and linguistically appropriate clinical care
    - Apply cultural assessment model/theory
    - Compare biomedical and folk explanations of illness, description and interpretation of symptoms
    - Use best evidence to support care management
    - Demonstrate appropriate referral and collaboration between interprofessional team and patients
    - Use consultation with cultural experts
    - Appropriate use of interpreters, cultural brokers, and navigators
    - Demonstrate sensitivity and advocacy for diverse patients
- Facilitate **oral and written communication** between students and interprofessional team members of best evidence applicable to care for diverse patients

- Arrange **attendance and participation of students in seminars, presentations and other events,** promoting cultural competence
- Encourage students to monitor compliance with Culturally & Linguistically Appropriate Services (CLAS) standards and report violations to proper authorities by other care givers

Curricular Resources

Established case studies and curricula provide a basic framework for baccalaureate nursing education. However, the goals and objectives of the institution or organization must be taken into consideration. In many instances modifications will be needed. However, these case studies and exemplar curricula are provided for guidance.

Case Studies and Curricular Resources

College of Nurses of Ontario (2005). Practice guideline: http://www.cno.org/docs/prac/41040_CulturallySens.pdf

Transcultural Nursing. This site provides basic cultural competency concepts, case studies, and information on less developed countries for nurses. http://www.culturediversity.org/basic.htm

Office of Minority Health (OMH) has developed the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in the OMH Health Care Final Report in 2001. These are the collective set of culturally and linguistically appropriate services (CLAS) mandates, guidelines, and recommendations issued by the United States Department of Health and Human Services OMH intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services. http://www.omhrc.gov/

Nursing Program Curricula

University of Michigan School of Nursing

Essential Diversity and Multicultural Competencies in University of Michigan School of Nursing Undergraduate and Graduate Core Curriculum Committee Subcommittee/Task Force: Patricia Coleman-Burns, Cornelia Porter, Antonia Villarruel, and Gail Gerding September 11, 2002, Revised March, 2003; Final Revision June 2005.
http://www.nursing.umich.edu/research/mesa/index.html
http://www.ihec.org/content/culturalcompetency/documents/CulturalCompetencyDirectoryv2000.doc

University of Washington Center for Multicultural Education
This site lists and provides a brief overview of multicultural courses available at the University of Washington
  http://depts.washington.edu/centerme/Courses.htm
  http://depts.washington.edu/centerme/Courses.htm#ci424

III. PRACTICE

Student nurses have opportunities everyday in clinical practice to provide culturally competent care, as they assess and manage patients and their families. Below are some additional references to assist students in the myriad of experiences they will have when in the clinical setting.

Culturally Competent Clinical Practice

Cultural competence is the capacity to work effectively with people, using elements of their culture, such as values and beliefs, in a constructive manner. The most effective intervention services should respect and incorporate the practices of the families from cultural and linguistic groups that differ from the mainstream culture. Culturally competent health care is reflected by:

- Awareness of personal culture, values, beliefs, and behaviors
- Knowledge of and respect for different cultures
- Skills in interacting and responding to individuals from other cultures
- Acknowledgement about importance of culture and incorporation at all levels
- Assessment of cross-cultural relations
- Vigilance toward the dynamics that result from cultural differences expansion of cultural knowledge
- Adaptation of services to meet culturally unique needs

Thinkculturalhealth.org Module bridges the healthcare gap through cultural competency continuing education programs. http://thinkculturalhealth.org/ccnm/

Culturally Competent Nursing Modules. The Office of Minority Health (OMH), U.S. Department of Health and Human Services is supporting the development of these modules as part of their mission to "improve the health of racial and ethnic minority populations through the development of effective health policies and programs that help to eliminate disparities in health." These modules are based on the principles outlined in the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. http://www.thinkculturalhealth.org/

National Institute of Mental Health
Role of Culture in Suicide Prevention for Selected Cultures
U.S. suicide rate patterns associated with age, gender and ethnicity provide profound evidence that culture is associated with suicide risk and protective factors. In 2004, the NIH Office of Rare Diseases, National Institute of Mental Health, Indian Health Service, Annenberg Foundation Trust at Sunnylands, and Emerging Scholars Interdisciplinary Network co-sponsored a workshop entitled "Pragmatic Considerations of Culture in Preventing Suicide." The purpose of the meeting was to examine how culture pertaining to ethnicity can be considered in the development and implementation of suicide preventive interventions. This site will provide you with the summary of this meeting. http://www.nimh.nih.gov/research-funding/scientific-meetings/2004/pragmatic-considerations-of-culture-in-preventing-suicide.shtml

Culturally Competent Mental Health New Jersey
This site provides "quick guides" and samples of materials in working with various populations. http://www.culturallycompetentmentalhealthnj.org/resources.php

Evidence-Based Practice

Evidence-based practice (EBP) is a broad term that encompasses research utilization but also includes use of case reports and expert opinion in deciding the practices to be used in healthcare (University of Iowa, 2008). EBP is a process of using research findings as a basis for practice. It includes dissemination of scientific knowledge, critique of studies, synthesis of findings, determining applicability of findings, application/implementation of scientific findings in practice, and evaluating the practice change.

Research utilization, a subset of evidence-based practice, transfers research findings to evidence based practice. Many models for nursing research utilization have emerged since the 1970s. The various models were developed to use or disseminate nursing research and ultimately improve patient outcomes. No particular research utilization model works for all nurses or all clinical practice settings. Regardless of the model chosen, it is the questioning, a willingness to use existing research, and a commitment to evidence-based practice that is significant.

Agency for Healthcare Research and Quality (AHRQ) is committed to helping the Nation improve our health care system. To fulfill its mission, AHRQ conducts and supports a wide range of health services research. At this site, you will find a disparities report, health literacy up-date, and a view of minority health. http://www.ahrq.gov/

The Center for Disease Control: The Community Guide provides evidence-based recommendations for programs and policies to promote population health. http://www.thecommunityguide.org/

National Center for Dissemination of Disability Research provides information about the Stetler and other evidence based practice and research utilization models.

The Stetler Model developed in 1976 is a framework used to conduct research generally for changing policies and procedures. The model outlines a prescriptive series of steps to assess and use research findings leading to evidence based practice (Melnyk & Fineout-Overholt, 2005). The steps focused on critical thinking are preparation, validation, comparative evaluation, decision making, translation/application, and evaluation. The summarized research findings and knowledge from the process are used to influence educational programs, make practice decisions, and impact political.
http://www.ncddr.org/kt/products/ktintro/ktmodels.html

National Pharmaceutical Council Clearinghouse for pharmacological research on specific populations. The aim is to help inform the national debate on how to make reliable evidence the cornerstone of health care decisions in order to ensure the best patient outcomes and best value. http://www.npcnow.org/

IV. RESEARCH

Research of Culturally Competent Interventions

Culturally unbiased nursing knowledge developed through usual research processes is one of the most significant issues for anyone conducting research with culturally diverse groups, and in many cases, vulnerable as well. Research will require a new research agenda, including a fundamental change in how research is designed, conducted, and disseminated in collaboration with diverse racial and ethnic communities. Healthy People 2010 goals focus on community involvement in research and health care planning for: a) the elimination of health disparities among racial and ethnic groups, (b) problems identified by the community, c) racial and ethnic health data, d) racial and ethnic variations in response to treatment, and e) the validation of efficacy of culturally and linguistically competent approaches to health care delivery.
This listing is not exhaustive, but is intended to stimulate more interest in the area.

Agency for Healthcare Research and Quality:
http://www.ahrq.gov/research/cultural2.htm
http://www.ahrq.gov/research/inequities.htm
http://www.ahrq.gov/research/cultural.htm
http://www.ahrq.gov/browse/minorra.htm

Blankenship, K. M., Friedman, S. R., Dworkin, S., & Mantell, J. E. (2006). Structural interventions: concepts, challenges and opportunities for research. *Journal of Urban Health, 83*(1), 59-72.

Campbell, M. K., Hudson, M. A., Resnicow, K., Blakeney, N., Paxton, A., & Baskin, M. (2007). Church-based health promotion interventions: Evidence and lessons learned. *Annual Review of Public Health, 28*, 213-234.

Health Resources and Services Administration Study on Measuring Cultural Competence in Health Care Delivery Settings
http://www.hrsa.gov/culturalcompetence/measures/

Southeast Regional Research Center/Regional Resource and Federal Center Network: Culturally Responsive Research
http://www.rrfcnetwork.org/content/view/307/47/

Research References and Resources

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University of Michigan. Cultural Competence in Research
http://www.nursing.umich.edu/research/mesa/culturalCompetence.html
Publications and Presentations re: Community Based Participatory Action
http://www.sph.umich.edu/urc/publications.html

V. REFERENCES AND BIBLIOGRAPHY

Journals for Cultural Competency-Related Topics

The use of journals offers a wide variety of teaching opportunities. Whether you provide a monthly journal club for your students or just need to supplement your own library, you will find the following journals to be an asset as you begin to implement and disseminate cultural competence in your classroom.

Anthropological Theory. Forum for new insights into theoretical issues in anthropology and more broadly, social theory. http://ant.sagepub.com/

Association of Black Nursing Faculty (ABNF) Journal. The official journal of The Association of Black Nursing Faculty, documents the distinct nature and health-care needs of the Black patient with original research and health-related manuscripts, materials, and reviews.

Culture, Medicine & Psychiatry. This is an international and interdisciplinary forum for the publication of work in the fields of medical and psychiatric anthropology, cross-cultural psychiatry, and associated cross-societal and clinical epidemiological studies. The journal offers original research, and theoretical papers based on original research, across the full range of these fields.
http://www.springer.com/social+sciences/anthropology+&+archaeology/journal/11013

Family & Community Health. This journal provides practical information that addresses the common goals of health care practitioners, regardless of area of practice, in teaching the essentials of self-care, family and community health care, and health promotion and maintenance. http://www.familyandcommunityhealth.com/

Health Care for Women International. This site provides a unique interdisciplinary approach to health care and related topics that concern women and focuses on the newest research, theories, and issues in the fields of health care, psychology, sociology, anthropology, and nursing. Articles address topics such as cultural differences, alternative lifestyles, wife abuse, problems of aging, psychological challenges, childbearing and childrearing, and ethical issues. http://www.tandf.co.uk/journals/tf/07399332.html

International Journal of Cultural Studies. The journal features theoretical, empirical and historical research which is based in local and regional realities, and deals with everyday practices, identities, media, texts and cultural forms. It publishes work that suggests new directions, ideas, and modes of inquiry to reinvigorate cultural studies for a new generation of researchers and readers. http://ics.sagepub.com/

Journal of Holistic Nursing. The official publication of the American Holistic Nurses Association documents the latest research findings and practice applications.
http://www.ahna.org/public/journal.html

Journal of Multicultural Nursing & Health. Official journal of the Center for the Study of Multiculturalism and Health Care, Inc. (Note: Web site is currently under construction)

Social Science and Medicine. This journal provides an international and interdisciplinary forum for the dissemination of research findings, reviews and theory in all areas of common interest to social scientists, health practitioners and policy makers. The journal publishes material relevant to any aspect of health from a wide range of social science disciplines (eg. anthropology, economics, geography, psychology, social epidemiology, social policy and sociology), and material relevant to the social sciences from any of the professions concerned with physical and mental health, and with health care practice, policy and organization. It is particularly keen to publish findings or reviews which are of general interest to an international readership.
http://elsevier.com/wps/find/journaldescription.cws

Journal of Transcultural Nursing. Offers nurses, educators, researchers, and practitioners theoretical approaches and current research findings that have direct implications for the delivery of culturally congruent health care and for the preparation of health care professionals who will provide that care. http://tcn.sagepub.com/

Websites for Cultural Competency Resources

The California Endowment's (TCE) work is a Multicultural Approach to Health, which is defined not only by race and ethnicity, but financial status, cultural beliefs, gender, age, sexual orientation, geographic location, immigration status, and physical or mental abilities. This approach seeks to mobilize the talents, cultures and assets of California's diverse populations to improve the quality of the health systems and to promote health at the level of communities. At The California Endowment, the multicultural approach to health is reinforced through investments made in local communities.

Below are Web sites that include TCE publications.

Principles and Recommended Standards for Cultural Competence Education of Health Care Professionals
http://www.calendow.org/uploadedFiles/principles_standards_cultural_competence.pdf

Resources in Cultural Competence Education for Health Care Professionals
http://www.calendow.org/uploadedFiles/resources_in_cultural_competence.pdf

A Manager's Guide to Cultural Competence Education for Health Care Professionals
http://www.calendow.org/uploadedFiles/managers_guide_cultural_competence(1).pdf

http://www.calendow.org/uploadedFiles/multicultural_health_series.pdf

Second Language and Cultural Competency Training for Continuing Medical Education (CME) Credit
http://www.calendow.org/uploadedFiles/second_language_cultural_competency.pdf

Encouraging More Culturally and Linguistically Competent Practices in Mainstream Health Care Organizations: A Survival Guide for Change Agents
Also includes a monograph entitled, "Organization Development & Capacity In Cultural Competence: Building Knowledge and Practice"
http://www.calendow.org/uploadedFiles/Lonner.pdf

Multicultural Organizational Development: A Resource for Health Equity
http://www.calendow.org/uploadedFiles/Mayeno.pdf

Language Barriers in Health Care Settings: An Annotated Bibliography of the Research Literature. http://www.calendow.org/uploadedFiles/language_barriers_health_care.pdf

California Nurses Foundation Cultural Awareness Education for Healthcare Professionals. This educational program is composed of two six hour education sessions:

Session One: Introduction to Cultural Awareness
Session Two: Introduction to Ethics, Access, Disparity, and Advocacy
For more information, go to: http://calnursesfoundation.org/cultural.htm

CultureMed at the Peter J.Cayan Library at SUNYIT is a web site and a resource center of print materials promoting culturally-competent health care for refugees and immigrants. This project provides support to the health care community and newcomers to our country by providing practical information regarding culture and health care from both viewpoints. http://culturedmed.sunyit.edu/bib/cultcomp/index.html

The Joint Commission: Hospitals, Language, and Culture. A Snapshot of the Nation. Since 2004, the Joint Commission (formerly known as JCAHO) has been studying how hospitals face and address challenges of providing health care to diverse populations, with the purpose to better understand what the current state of practice is and develop recommendations. http://www.jointcommission.org/PatientSafety/HLC/

Office of Minority Health (OMH), U.S. Department of Health and Human Services
The OMH developed the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in the OMH Health Care Final Report in 2001. These are the collective set of culturally and linguistically appropriate services (CLAS) mandates, guidelines, and recommendations issued by the United States Department of Health and Human Services OMH intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services. http://www.omhrc.gov/

Culturally Competent Nursing Modules. The Office of Minority Health (OMH) is supporting the development of these modules as part of their mission to "improve the health of racial and ethnic minority populations through the development of effective health policies and programs that help to eliminate disparities in health." These modules are based on the principles outlined in the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. http://www.thinkculturalhealth.org/
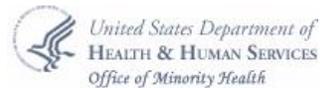
The Permanente Journal, Kaiser Permanente. The Permanente Journal is published for physicians and nurses to create and deliver superior health care through the principles and benefits of Permanente Medicine. Permanente Medicine is preventive innovative, evidence-based, population care practiced by a multispecialty group, using an electronic health and medical record, and focused on patient relationships and outcomes. http://xnet.kp.org/permanentejournal/permjournal.html

University of Michigan Health System: The Cultural Competency Division. The Cultural Competency Division plays a vital role in implementing cultural competency in the UMHS and in promoting good community health care practices. An excellent website with links to numerous sites. http://www.med.umich.edu/multicultural/ccp/index.htm

United States Government Accountability Office (GAO) Report to Congressional Requestors (May 2008): VA Health Care—Facilities Have Taken Action to Provide Language Access Services and Culturally Appropriate Care to a Diverse Veteran Population. The Department of Veterans Affairs (VA) faces challenges in bridging language and cultural barriers as it seeks to provide quality health care services to an increasingly diverse veteran population in terms of race, ethnicity, sex, and age. http://www.gao.gov/new.items/d08535.pdf

Professional Organizations

To access major professional minority nursing organizations: www.ncemna.org

Transcultural Nursing Society: www.tcns.org

Additional Cultural Competency Web Resources

Name of Site/Publication	URL	Brief Description
Agency for Healthcare Research and Quality (AHRQ)	www.ahrq.gov	Mission of AHRQ is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. It is a good source for evidence based practice information on specific populations
American Academy of Family Physicians	http://www.aafp.org	Contains a database on Cultural Proficiency Resources for physicians but the content is applicable to all health professionals.
American Physical Therapy Association	www.apta.org	Has a series of monographs on cultural competence. Include subcultures such as gerontology and lesbian, gay, bisexual, and transgender populations.
American Refugee Committee	www.archq.org/	Provides information on refugees from a world wide perspective
American Student Medical Association	http://www.amsa.org/	Contains a recommended Culture and Diversity Curriculum for medical students
Canadian Institutes of Health Research: Reducing Health Disparities and Promoting Equity for Vulnerable Populations	www.cihr-irsc.gc.ca/e/19739.html	Contains links to multiple Canadian databases on vulnerable populations and health disparities
Center for Cross-Cultural Health	http://www.crosshealth.com/	The mission of the Center for Cross Cultural Health is 'to integrate the role of culture in improving health'. The vision is to increased health and well-being for all through cross-cultural understanding. The Center is involved in the education and training of health and human service providers and organizations in the State of Minnesota and beyond. The Center is also a research and information resource.
Center for Cultural Competence: UMDNJ	http://njms.umdnj.edu/culweb	This site is maintained by the University of Medicine and Dentistry of New Jersey
CIA World FactBook	https://www.cia.gov/cia/publications/factbook/	Profiles for each country include geography, people, government, economy, communications, transportation, military, and transnational issues. The site is updated regularly.
Commonwealth Fund Report on Health Care Quality	http://www.cmwf.org/	The Commonwealth Fund is a private foundation that aims to promote a high performing health-care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.
Cross Cultural Health Care Program	www..xculture.org	Through a combination of cultural competency trainings, interpreter trainings, research projects, community coalition building, and other services, the CCHCP

		serves as a bridge between communities and health-care institutions to ensure full access to quality health care that is culturally and linguistically appropriate.
Cultural Competency in health: A guide for policy, partnerships and participation	http://www.nhmrc.gov.au/publications/synopses/hp25syn.htm	This publication by the Australian Government is designed to assist governments and health services to be better equipped to tackle Australia's future health issues, including overweight and obesity, if they integrate cultural issues into the planning and delivery of health care and services, business, and community groups. The Guide will help policy makers and managers with culturally competent policy and planning at all levels of the health system.
Culturally Competent Care: Mental Health Practice Related to Native Hawaiians	http://www.apa.org/monitor/julaug05/care.html	This site provides an article that was published in the July/August 2005 edition of *Monitor on Psychology*. The article describes the various disparities among native Hawaiians.
CultureMed	http://culturedmed.sunyit.edu	This web site is a resource center of print materials promoting culturally competent health care for refugees and immigrants. Provides support to the health-care community and newcomers by providing practical information regarding culture and health care from both viewpoints.
Delivering Race Equality: A Framework for Action	http://www.londondevelopmentcentre.org/silo/files/577.pdf	Provides information for consultation for mental health services for black and minority populations in Great Britain.
Discrimination: A Threat to Public Health	http://www.fhi.se/shop/material_pdf/r200622_diskrimination_eng.pdf	This public health report from Sweden presents the results of a major population survey which indicates that the incidence of discrimination is prevalent, takes various forms in society, and is correlated with gender, age, country of origin, disabilities and sexual orientation. According to this survey, there are very strong links between discrimination and mental ill-health.
DiversityRx	http://www.diversityrx.org/	With over 800 participants from health-care organizations, government, business, academia, national and community-based organizations, and philanthropy, this active listserv allows you to stay current on Diversity Rx and cross cultural health-care news
EthnoMed	http://www.ethnomed.org	Contains a search engine to access culturally specific information
European Strategies for Tackling Social Inequalities in Health	http://www.euro.who.int/document/e89384.pdf	The values that underpin this report are based on internationally endorsed social human rights, and the core values as stated in the health for all policy framework from the WHO European Region (WHO Regional Office for Europe, 2005). These stated values clearly indicate the preferred direction of change, even when it is difficult to assess the magnitude of the change during a certain period of time.
Global Gender Gap Report	http://www.weforum.org/gendergap	The report measures the size of the gender gap in four critical areas of inequality between men and women:

		1) Economic participation and opportunity – outcomes on salaries, participation levels and access to high-skilled employment 2) Educational attainment – outcomes on access to basic and higher level education 3) Political empowerment – outcomes on representation in decision-making structures 4) Health and survival – outcomes on life expectancy and sex ratio
Health, Research, and Educational Trust	http://www.hret.org/hret/about/cclf.html	HRET and Health Forum, in partnership with the Institute for Diversity in Health Management, the National Center for Healthcare Leadership and the American Hospital Association provides professional development programs to help health-care leaders to become more culturally competent.
Health Inequalities: A Challenge for Europe	www.fco.gov.uk/Files/kfile/HI_EU_Challenge,0.pdf	Includes health policies for the Czech Republic, England, Denmark, Finland, Greece, Germany, Hungary, Ireland, Latvia, the Netherlands, Northern Ireland, Poland Portugal, Scotland, Spain, Sweden, and Wales.
Health Inequalities: A Challenge for Europe	www.ec.europa.eu/health/ph_determinants/	Provides information on health status of many countries in Europe
Health Professionals for Diversity	http://www.aamc.org	Includes cultural competency and diversity policies from the American Association of Colleges of Medicine
Health Resources and Services Administration (HRSA)	http://www.hrsa.gov/culturalcompetence/	Contains assessment tools, research, health professionals education opportunities and more
HRSA—Quality Health Services for Hispanics: The Cultural Competency Component	http://www.hrsa.gov/culturalcompetence/qualityhealthservices/	This primer is designed to help health care professionals better understand, and more effectively respond to the growing needs of over 30 million Hispanics in the United States. It should facilitate greater access to, and utilization of, health and human services for this patient population, as well as provide useful suggestions on improving one-to-one provider-patient interactions. The primer is a distillation of information health care providers may need to assure delivery of the best possible care to Hispanic clients in a variety of clinical, prevention, and social service settings.
Healthy People 2010	http://www.healthypeople.gov	This publication assesses progress toward achieving the Healthy People 2010 goals and objectives through the first half of the decade.
Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, Transgender Health	http://www.lgbthealth.net	This is a companion document for health People 2010 for Lesbian, Gay, Bisexual, Transgender Health

Institute of Medicine. Unequal Treatment: Confronting Ethnic and Racial Disparities in Health Care	http://www.iom.edu/?id=16740	Contains a brief report as well as the entire IOM study to assess the extent of disparities in the types and quality of health services received by U.S. racial and ethnic minorities and non-minorities; explore factors that may contribute to inequities in care; and recommend policies and practices to eliminate these inequities.
Intercultural Communication Institute	www.intercultural.org	The Intercultural Communication Institute (ICI) is a private, nonprofit foundation designed to foster an awareness and appreciation of cultural differences in both the international and domestic arenas.
Joint Commission's *Hospitals, Language, and Culture (HLC)*	www.jointcommission.org/PatientSafety/HLC	Provides research report entitled *One Size Does Not Fit All: Meeting the Healthcare Needs of Diverse Populations*
Mary Seacole Research Center	http://www.dmu.ac.uk/msrc/	The MSRC was set up as a collaborative initiative between De Montfort University and The Royal College of Nursing. Centre staff work closely with colleagues across the University on issues of race and ethnicity in health. Particular research concerns include care planning in a multi-ethnic NHS, employment opportunities and career development of black and minority ethnic staff, and specific ethnic health care needs. Collaborative working with practitioners in health and welfare service agencies and community groups is seen as a priority, to ensure active dissemination and implementation of research findings.
National Cancer Institute	www.cancer.gov	Contains comprehensive cancer reports and research on ethnic/racial groups
National Center for Cultural Competence	http://www11.georgetown.edu/research/gucchd/nccc/	The mission of the National Center for Cultural Competence (NCCC) is to increase the capacity of health and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems.
National Center for Health Statistics	http://www.cdc.gov/nchs/	Maintained by the Center for Disease Control and Prevention. As the Nation's principal health statistics agency, compiles statistical information to guide actions and policies to improve health
National Health Interview Survey	http://www.cdc.gov/nchs/nhis.htm	Contains information on immunization, health-care utilization, access to health care, health insurance, and HIV/AIDS. This is a database that has numerous links.
National Health and Nutrition Examination Survey (HNANES)	www.cdc.gov/nchs/nhanes.htm	This database is part of the National Center fro Health Statistics and has information on the National Health and Nutrition Survey
National Multicultural Institute	www.nmci.org/	Works with individuals, organizations, and communities in creating a society that is strengthened and empowered by its diversity. Goals are to increase communication, understanding and respect among people of diverse backgrounds and address some of the important systemic issues of multiculturalism facing our society.

National Sample Survey of Registered Nurses	http://bhpr.hrsa.gov/healthworkforce/reports/rnpopulation/preliminaryfindings.htm	Includes State or country of initial education and specialty area; employment status including type of employment setting, position level and salary; geographic distribution; and personal characteristics including gender, racial/ethnic background, age, family status, and job satisfaction.
National Standards for Culturally and Linguistic Appropriate Services (CLAS)	http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf	CLAS standards from The Office of Minority Health are described in detail.
Office of Minority Health, U.S. Department of Health and Human Services	http://www.omhrc.gov/	A resource for a wide range of minority health concerns.
Office of Special Population Research	http://nccam.nih.gov/about/plans/healthdisparities/	National Center for Complementary and Alternative Medicine (NCCAM) has created an Office of Special Populations to initiate programs to address needs, as well as to contribute to the *Strategic Plan To Reduce and Ultimately Eliminate Health Disparities*, developed by the National Institutes of Health in response to an initiative of the Department of Health and Human Services. The Department has targeted the elimination of racial and ethnic health disparities in six major areas by the year 2010: infant mortality, cancer, cardiovascular disease, diabetes, HIV infection/AIDS, and immunizations.
Research Methods Resources	http://www.slais.ubc.ca/resources/research_methods/index.htm	Developed by Mary Sue Stephenson, SLAIS, University of British Columbia lists useful online guidance on the following research methodologies: Action Research; Case Study Research; Content Analysis; Electronic Journals; General Qualitative Research; General Research Methods; General Survey Research; Historical Research; Internet Research; Measurement, Validity & Reliability; Online Books; Qualitative Analysis; Qualitative Ethnographic; Qualitative Group Methods; Quantitative Analysis; Qualitative & Quantitative; Interviews; Questionnaires; Professional Associations; Research Ethics; Research Software; Sampling.
The 24 Languages Project	http://medlib.med.utah.edu/24languages/	Has electronic access to over 200 health education brochures in 24 different languages.
Transcultural Nursing: Basic Concepts and Case Studies	http://www.culturediversity.org/	Provides basic concepts to cultural diversity, case studies, and information about 3rd world nursing

Universal Declaration of Human Rights	www.amnesty.org.	Amnesty International is a worldwide movement of people who campaign for internationally recognized human rights. AI's vision is of a world in which every person enjoys all of the human rights enshrined in the Universal Declaration of Human Rights and other international human rights standards.
U.S. Bureau of the Census: Demographic Profiles	http://www.census.gov/main/www/cen2000.html	This site Houses the American FactFinder, State and County Quick Facts, and more.
U.S. Department of Health and Human Services Office of Minority Health	http://www.onhrc.gov/assets/pdf/checked/toolkit.pdf	This site has a physician's tool kit for providing culturally competent care.
U.S. Food and Drug Administration Center for Drug Evaluation and Research	http://www.fda.gov/cder/	This site is for patients and healthcare professionals and includes information on the safety of specific drugs and resources to help make informed decisions.
World Health Organization	http://www.who.int/	WHO's objective, as set out in its Constitution, is the attainment by all peoples of the highest possible level of health. Health is defined in WHO's Constitution as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

This table was adapted from: Purnell, L. D., & Paulanka, B.J. (2008). *Transcultural health care: A culturally competent approach*, 3rd ed. F.A. Davis.

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