

Cultural Competency

Monmouth County, New Jersey

Portugese/Brazillian, Haitian, South Asian, Muslim and Observant Jewish Populations

Provided as a public service by the Health Improvement Coalition of Monmouth County (formerly MAPP)

January 2012

Physician Requirements in New Jersey

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

What is MAPP?

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

The MAPP Committee has formed six workgroups to address the list of identified issues: 1) Barriers to Healthcare; 2) Comprehensive Healthcare Despite the High Cost of Living; 3) Tobacco, Drugs and Alcohol; 4) Transportation Barriers; 5) Cancer Morbidity; 6) Growing Older Adult Population. The MAPP Committee, now called the “Health Improvement Coalition of Monmouth County” has recently updated its community health profile. The top three issues identified, risk factors for heart disease; adult and childhood obesity; and, access to primary healthcare, will be incorporated into a revised community health implementation plan complete with goals and measurable objectives.

This is the second manual for health professionals covering cultural competency for Monmouth County’s primary populations. The first manual published in 2010 covered the Latino/Hispanic and African American populations. You can obtain a copy of the first Cultural Competency manual for medical professionals on the Monmouth County Website or by contacting the Monmouth County Health Department.

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

Comments and questions can be forwarded to:

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Cultural Competency— Monmouth County, New Jersey

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

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

The two most prevalent minority groups, Latino/Hispanic & African-American, were covered in the first of these manuals. This manual gives an overview of things to be aware of when dealing with individuals who speak another language or are from a different culture. There are also resources for further reading and training.

Monmouth County Demographics—an update from the 2010 Census

Ethnicity	2000	2010
White	519,261	520,716
Black or African-American	49,609	46,443
Asian	24,403	31,258
Asian Indian	7,302	10,378
Chinese	9,064	9,439
Filipino	3,626	4,609
Japanese	344	323
Korean	2,153	2,587
Vietnamese	645	1,053
Pakistani	425	837
Hispanic or Latino	38,175	60,939
Mexican	9,254	21,798
Puerto Rican	14,712	18,007
Cuban	1,951	3,048
Other Hispanic or Latino	12,258	18,086
TOTAL MONMOUTH COUNTY POPULATION	615,301	630,380

Monmouth County Ethnic & Cultural Minorities

Portuguese & Brazilian



Monmouth County Experiences

Antonio Q. Antonio emigrated from Brazil. He suspects he has cancer but will not go to see a physician because he believes that a diagnosis of cancer means certain death.

Maria Elena S. Maria Elena has changed physicians several times over the past few years. She left one practice because she was given no medicine to take and left another because she was prescribed both medication and a course of physical therapy and chose only to take the medication and did not improve.

Eduardo M. Eduardo arrived in the US from Brazil within the past two years. He has not been feeling well lately but does not trust American medicine. Deeply religious, he has prayed regularly to improve his health but also consulted a Curandero for folk remedies.

Commonly seen in this population:

- Prayer used as a form of disease management
- Miracles are often expected—and quickly
- The less education the less inclined people are to utilize health care
- The ER is often the primary health care provider
- When a physician explains something and they do not understand, they tend not to ask many questions and they are not clear what to do when they go home
- Belief that only homosexuals get HIV
- More comfortable if other family members are present when seeing a physician
- Higher instances of high cholesterol, hypertension, diabetes, gastro-intestinal disorder and thyroid disease
- They expect medication when they see a physician

Monmouth County Ethnic & Cultural Minorities

Haitian

Monmouth County Experiences



Moses T. Recently arrived to live with relatives, Moses speaks only Creole and has no money to pay for health-care. He refuses his family's pleas to see a doctor because he can not pay. Seriously ill, he is taken to the emergency room while his family is at work and a neighbor looks after the youngest child he has been watching. Since the ER can not find a Creole speaking interpreter Moses can not communicate with the attending physician.

Approximately 15,000 Haitians reside in the Ocean/Monmouth area. The median household income is higher than Latino and African American populations.



Barriers to healthcare for Haitians:

- Haitian Creole interpreters are difficult to find
- Preventive care is not always sought except for babies and children under five (vaccinations)
- Often presumed to be undocumented, over 90% of Haitians are legal residents
- Healthcare may not be a priority if not able to pay
- Mental illness is not well accepted
- Abdominal surgery is particularly frightening
- A cancer diagnosis is seen as a death sentence
- Sexually transmitted diseases are a common health problem in Haiti—many do not associate STDs with sexual intercourse
- Organ donation and transplants are neither discussed or encouraged except for children as a life-saving measure
- Newly arrived Haitians are at higher risk for many health issues due to poor access to primary care
- Social status, legal status and economics often determine who seeks healthcare



Common Assumptions about Monmouth County Portuguese/Brazilians & Haitians

Often Assumed	The Facts Are
<p>Perception: Portuguese and Brazilians are basically the same people</p>	<p>Reality: Portugal is wholly European, while Brazil is a former Portuguese colony with a cultural and ethnic mix of native Indian, Africa and Portugal</p>
<p>Perception: There are relatively few differences in how Portuguese and Brazilians utilize American healthcare</p>	<p>Reality: While both populations tend to expect both medicine and miracles when seeing a physician, there is a greater belief in folk medicine in the Brazilian population</p>
<p>Perception: All Haitians speak French</p>	<p>Reality: Creole is spoken by the majority of the Haitian population. French is the language of business and Creole is the language of the people. Only 10% of Haitians are fluent in French.</p>
<p>Perception: All Haitians speak French (part 2)</p>	<p>Reality: French is valued by Haitians and is an indicator of social class and higher education. Most Haitians will claim to be able to speak French. To suggest that a someone only speaks Creole (even if true) can be construed as an insult.</p>
<p>Perception: Most Haitians are illiterate</p>	<p>Reality: While the literacy rate of those living in Haiti is only 45%, those residing in the US are nearly 90% literate. Younger American born Haitians are as literate and well educated as the majority populations.</p>
<p>Perception: Haitians believe in the old African religions</p>	<p>Reality: The most prevalent religion found in Haitian culture is Christianity. US Haitians are very active in their churches. Religion helps maintain Haitian cultural identity.</p>

Monmouth County Ethnic & Cultural Minorities

South Asian



What is South Asia?

- Bangladesh
- Bhutan
- India
- The Maldives
- Nepal
- Pakistan
- Sri Lanka

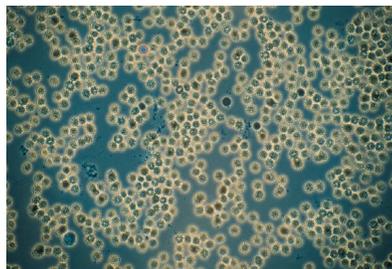
Approximately 2.3% of the New Jersey population is South Asian and 1.3% of the Monmouth County population

Asian Indians have the highest median income of any ethnic group in the US.



Monmouth County Experiences

Sithara P. Mrs P. is the parent of a two-year old girl. She is a conscientious mother and a meticulous housekeeper. Her husband is a technology professional. Her family is Hindu and adheres to traditional dress and beliefs. Upon taking her daughter to the pediatrician she is shocked to learn that her child has high blood lead levels from playing with the red powder known as “sindoor” that married women apply to their hair every morning .



Aakar M. Aakar is a 32 year old man who has always been healthy and fit. He sees his physician because of what he believes is chronic indigestion. Aakar learns that he has Coronary Artery Disease and that South Asians have a much higher prevalence of CAD than the general population.

Common Assumptions about Monmouth County South Asians

Often Assumed	The Facts Are
<p>Perception: Most South Asians are Muslims</p>	<p>Reality: Only Bangladesh, the Maldives and Pakistan are primarily or wholly Muslim. India, Sri Lanka and Nepal have minority Muslim populations</p>
<p>Perception: Those South Asians who are not Muslim are Buddhists</p>	<p>Reality: Bhutan and Sri Lanka are Buddhists. Indians and Nepalese are Hindus</p>
<p>Perception: There are two kinds of South Asians, well-to do doctors or scientists and those in service sector jobs like cab drivers and gas station attendants</p>	<p>Reality: There have been three waves of South Asian immigration. In the early 1900s Sikhs settled on the West Coast and worked as laborers. Laws prevented further immigration after 1917. In 1946, laws were changed resulting in an influx of a large number of skilled, highly educated workers. Between 1966 and 1977, more than 20,000 doctorate level scientists and 25,000 physicians came from India alone. In the 1980s immigration reform allowed the extended families of settled professionals to enter the US. These immigrants were less educated, lower-skilled workers.</p>
<p>Perception: Overall, South Asians are exceptionally successful as an Immigrant group and have few health problems</p>	<p>Reality: Lower income South Asians are often ignored when targeting community health needs.</p> <p>Cancer is one of the leading causes of death for Asian American women. Asian Indians have a much higher prevalence of coronary artery disease. Asian Indians have twice the incidence of metabolic syndrome and diabetes. Dental disease is highly prevalent and oral preventative knowledge is minimal.</p> <p>Traditional medicine is often used before consulting a physician.</p>

Monmouth County Religious Minorities

Muslim



Muslims in Monmouth County

There are Muslims from many cultures residing in our county.

Monmouth County Experiences

Muhammad A. This 60 year old man arrived at a local emergency room with his son, exhibiting symptoms of hyperglycemia. He was recently diagnosed with Diabetes and had poor control of his condition. After examination and review of his blood work the physician decided it would be best to admit Muhammad for observation and to bring his blood sugar back in control. When told he would be admitted, Muhammad became upset and anxious. His son told the physician that the following day was the beginning of the holy month of Ramadhan and it was important that his father fast as he always had.



Commonly seen in this population:

- Eldest sons or another male family member will accompany elders to medical appointments
- Muslims fast from sunrise to sunset during the month of Ramadhan. During the fast, no food, drink or medication is permitted. Even Muslims that are not particularly observant during most of the year will fast during this important religious period.
- Fasting is not obligatory for individuals with severe health conditions, infants and the fragile elderly
- Muslims are particularly modest and prefer to be seen by a medical professional of the same sex



Monmouth County Religious Minorities

Observant Jewish



Observant Jewish in Monmouth County

Close to 1 million observant Jewish live in New Jersey. Observant Jewish communities exist throughout the Monmouth/Ocean area notably in Lakewood, Deal, Oakhurst, Elberon and West End.

Monmouth County Experiences

Rivka M. Expected to be discharged from the hospital in two days, Rivka insists on being discharged a day early in order to prepare for the upcoming holiday which falls on a Thursday. Preparations for holidays are the same as for the Sabbath.



Some facts:

- There are four basic types of Jewish people—Orthodox, Conservative, Reform and Secular American.
- Orthodox fall into two main groups: Those that adhere to all of the laws of the Torah and requires that individuals should participate in modern society as little as possible; and Modern Orthodox who follow all of the laws of the Torah but attempts to synthesize Jewish values and the observance of Jewish law with the secular, modern world.
- Orthodox women dress modestly, do not wear pants, cover their arms and cover their hair.
- The Jewish Sabbath begins on Friday at sunset and ends Saturday at sunset.
- Orthodox Jewish do not touch others of the opposite sex who are not part of their family but do permit professional touch for medical reasons.
- Do not offer to shake hands with a person of the opposite sex and always ask before examining.
- Knock before entering the room and ask if you can enter.



Common Assumptions about Monmouth County Muslims and Observant Jewish

Often Assumed	The Facts Are
<p>Perception: Most Muslims are sympathetic to terrorists</p>	<p>Reality: The vast majority of Muslims view terrorists as violating the laws of Islam and abhor violence</p>
<p>Perception: Muslims want to eradicate all other religions</p>	<p>Reality: The Muslim religion is based on the teachings of Abraham as are Christianity and Judaism. Only radicals in all religious groups, including Christianity, seek to overthrow all other religions</p>
<p>Perception: All Jewish people keep Kosher</p>	<p>Reality: Observant Jewish eat only Kosher food. Conservative Jewish range from fully Kosher to not at all Kosher. Reform Jewish eat Kosher-style food but not necessarily strictly Kosher.</p>
<p>Perception: Health issues for Jewish people are the same as in the general population</p>	<p>Reality: There are several genetic disorders significantly more common among Jewish people: Thalassemia, Tay Sachs, and Muscular Atrophies. Also common are genetically linked breast cancer, cervical cancer, irritable bowel disease, ulcerative colitis and Crohn's disease</p>
<p>Perception: As with most people, Observant Jewish make their own medical Decisions</p>	<p>Reality: Jewish religious leaders, Rabbis, are knowledgeable about medicine and medical practices and are included in healthcare planning and decisions</p> <p>Family is also very involved in caring for all members who are ill. They are expected to be involved in the diagnosis, treatment and personal care of the patient</p>
<p>Perception: The customs for both Observant Jews and Muslims around end of life are the same as with the general population</p>	<p>Reality: Nothing may be used that prevents a person from dying naturally. A dying person is never left alone. There are specific rituals that must be observed including burial within 24 to 48 hours after death</p>

General Resources for Cultural Diversity

Center for Healthy Families and Cultural Diversity

Department of Family Medicine, University of Medicine & Dentistry of New Jersey - Robert Wood Johnson Medical School,
Phone: 732-235-7662
e-mail: like@umdnj.edu

The Cultural Competence Training Center of Central New Jersey (Mental Health)

328 Denison Street, Highland Park, NJ 08904
Phone: 732-565-9010
<http://www.cctcnj.org/>

Medical Society of New Jersey

2 Princess Road, Lawrenceville, NJ 08648
phone: 609-896-1766 info@msnj.org
www.msnj.org/contMedEducation/cultcompetency.aspx

State of New Jersey Department of Health & Senior Services Office of Minority and Multicultural Health

Phone: 609-292-7837
Toll-free in NJ: 1-800-367-6543
P.O. Box 360, Trenton, NJ 08625-0360
www.state.nj.us/health/omh/culturalcompetency.shtml

University of Medicine and Dentistry of New Jersey

Phone: 973-972-1660 fax: 973-972-7091
30 Bergen Street, Suite 710
Newark, NJ 07101-1709
e-mail: ccoe@umdnj.edu
<http://ccoe.umdnj.edu/catalog/medical/culcomp.htm>

Web Sites

Cross Cultural Health Care Program

<http://www.xculture.org>

Health Resources & Services Administration (HRSA)

Culture, Language & Health Literacy
www.hrsa.gov/culturalcompetency/index.html

Disability Information

www.Disabilityinfo.gov
Helps you access a wide variety of resources quickly and easily. The site organizes information and issues concerning disabilities into nine (9) categories, listed as color-coded tabs at the top of every page

Diversity In Medicine

<http://www.amsa.org/div>

Diversity Web, Association of American Colleges and Universities

<http://www.diversityweb.org>

EthnoMed

Integrating cultural information into clinical practice
<http://www.ethnomed.org>

Family Support Center of New Jersey

Provides access to up-to-date information on specific disabilities, health problems, diseases, family support resources, services and programs in one phone call.
Mimi Walsh, 732-974-1144; 1-800-FSC-NJ10 (NJ only)
fax: 732-974-0940

Georgetown University - National Center for Cultural Competence

<http://gucdc.georgetown.edu/nccc>

National Council on Interpreting in Health Care

<http://www.ncihc.org>

Resources for Cross Cultural Health Care

<http://www.diversityrx.org>

Self Help Groups

New Jersey Self Help Clearing House coordinates information on a number of support groups around New Jersey that are in Spanish, or in English/Spanish.
Call: 1800-367-6274 or www.selfhelpgroups.org

South Asian Population Information

<http://www.rwjms.umdnj.edu/sathi>
732-235-8975

SPANN

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

The Power of Diversity: Supporting the Immigrant Workforce

Curriculum designed for front line supervisors of agencies to help them work with a diverse workforce.

e-mail: publications@icimail.umn.edu
Guides can be downloaded from
www.rtc.umn.edu/pdf/iwfacguide.pdf and www.rtc.umn.edu/pdf/iwimguide.pdf

UMDNJ - Robert Wood Johnson Medical School

Center for Healthy Families and Cultural Diversity/ Department of Family
<http://www2.umdnj.edu/fmedweb/chfcd/index.htm>

U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration

<http://www.mentalhealth.org>

U.S. Department of Health and Human Services, Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

<http://www.omhrc.gov/CLAS>

U.S. Department of Health and Human Services, Office of Civil Rights

<http://www.hhs.gov/ocr/lep/guide.html>

Management Sciences for Health- The Provider's Guide to Quality and Culture website

<http://erc.msh.org/mainpage.cft?file=1.0.htm>
modle=provider&language=English&gggroup=&mgroup=

Language Interpretation Services

Interpretation Services

www.ArgoTrans.com—800 Interpreters 46 languages

Language Line Services Telephone Interpreter and Over the Phone

www.language-line.com—170+ languages 24/7

Over-the-Phone Interpretation, Language Translation Services

www.voiance.com

Interpretation and Translation Services—Affordable Interpreters

www.affordableinterpreters.com/interpretation-services.html

Language Services—Interpretation and Translation Services

www.spectracorp.com/services/n_language_services.aspx

Interpretation Services—ENLASO

www.translate.com/Language_Services/Interpretation_Services.aspx

Language Translation Service

www.languagealliance.com—81 languages, medical, technical, financial and legal

Language Line Services

www.language-line.com/page/opi—telephone interpretation, 170 languages

Pacific Interpreters

www.pacificinterpreters.com—180 languages, healthcare, government and business

Thank You

To the many individuals, organizations and agencies that made both of the cultural competency manuals for medical professionals possible.

Barriers to Access to Healthcare Workgroup

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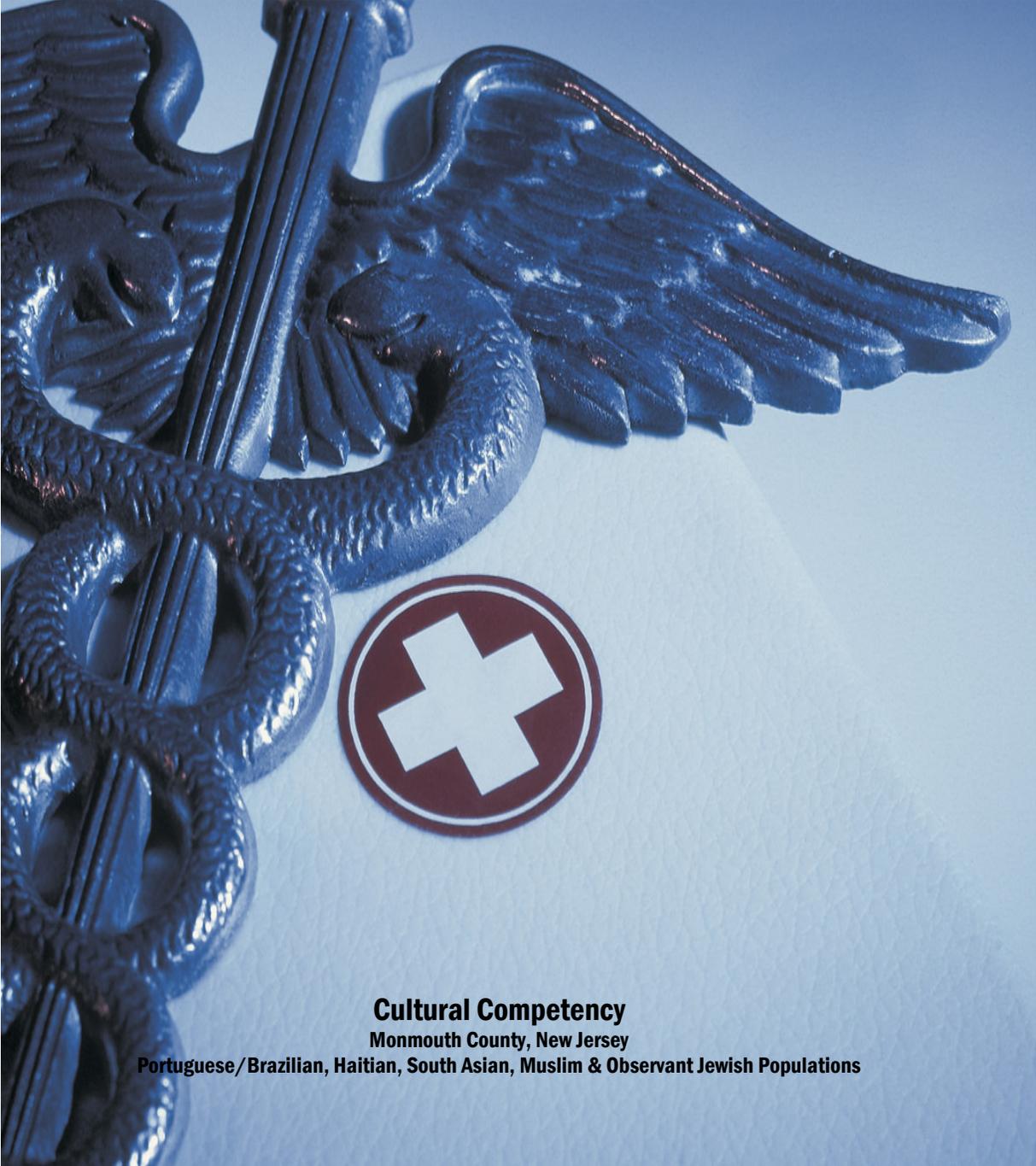
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