



# Community Health

A QUARTERLY PUBLICATION OF THE NEW YORK STATE COMMUNITY HEALTH PARTNERSHIP

January 2012

## The Many Dimensions of the Health Care Workforce

For the last couple of decades there has been a great deal of information about the existing and ever-growing health care workforce shortages in all professions—nurses and physicians, public health workers, pharmacists, coders, and other health care-related jobs. As the population ages and demand for services grows, there is great concern that these shortages will have serious implications for us all. But, as highlighted in the Perspective article in this edition of *Focus on Community Health*, do we have the right data and tracking to really gauge the shortage, determine its potential impact, and plan appropriately?

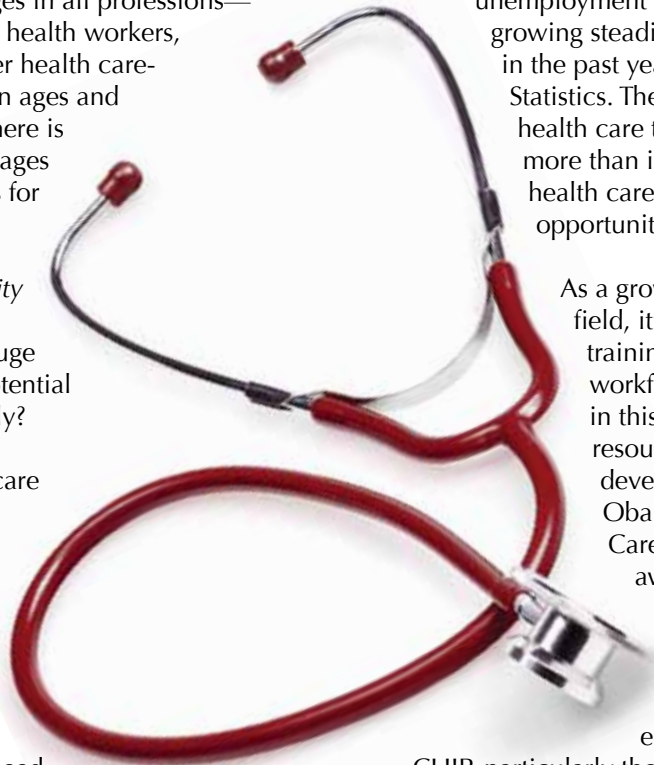
At the same time, the health care system is being challenged to become more culturally competent and address the diversity of both the health care workforce and the populations we serve. So, while we plan ahead for “filling the pipeline” of workers, we simultaneously need to address the issues raised by health disparities and the need for more equity. As the Sullivan Commission on Diversity in the Healthcare Workforce said in its 2004 report: “Today’s physicians, nurses, and dentists have too little resemblance to the diverse populations they serve, leaving many Americans feeling excluded by a system that seems distant and uncaring. The fact that the nation’s health professions have not kept pace with changing demographics may be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for tens of millions of Americans.” To help stimulate the thinking and discussion on this topic, particularly as it relates to workforce issues, this edition of *Focus* includes information and resources for building a culturally competent workforce.

Interestingly, in today’s economic climate, health care employment has been one bright spot in the economy as unemployment has hovered around 9 percent. It is growing steadily, with more than 300,000 jobs added in the past year, according to the Bureau of Labor Statistics. The bureau projects total employment in health care to grow by 3.2 million jobs by 2018, more than in any other sector. The recognition that health care represents a growth sector presents opportunities as well.

As a growth sector in an extremely dynamic field, it’s important to maintain education, training, and development of the health care workforce. New York State, as highlighted in this *Focus*, has invested a number of resources for workforce training and development. At the federal level, President Obama recently announced the Health Care Innovation Challenge, which will award up to \$1 billion in grants to applicants who will implement the most compelling new ideas to deliver better health, improved care, and lower costs to people enrolled in Medicare, Medicaid, and

CHIP, particularly those with the highest health care needs. This funding, which will be used to hire, train, and deploy health care workers, is part of the White House’s broader “We Can’t Wait” agenda to bolster the economy. More details about this new federal initiative, operated through the federal Center for Medicare and Medicaid Innovation, is also included in this edition of *Focus on Community Health*.

These are certainly challenging times for the health care workforce—but there are also tremendous opportunities for innovative thinking and putting into practice new approaches for making a difference in the health and lives of our communities.



If you have any comments or stories you would like to share, please contact Patricia Montone Charvat at [pcharvat@aol.com](mailto:pcharvat@aol.com).



# Waiting for the other shoe to drop: Workforce issues in NYS

By Carol S. Brewer, Ph.D., R.N., F.A.A.N.

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There are several workforce issues in New York State which are important, and several of them are highlighted in the Institute of Medicine's *Future of Nursing Report* and can be followed on the NYS Future of Nursing Web site. That report focuses on eight recommendations; I will discuss one here. The report focuses on the need for systematic and regular collection and evaluation of workforce data from schools of nursing, nurses, and employers so that adequate policy planning can occur.

In New York State, we do not collect all the data necessary to monitor the nursing workforce. The NYS AHEC System Center has produced three reports using the NYS sample of a

federal survey. The Center for Health Workforce Studies (CHWS) is state- and grant-funded. It conducts an annual "fax-back" survey of Deans and Directors for enrollment and graduation information as well as a fairly new re-registration survey of all NYS RNs. The NYS Education Department (NYS ED) surveys programs each year, but does not analyze the data. It also provides five years of licensure statistics. The Institute for Nursing: the NYS Nursing Workforce Center is surveying schools about faculty to estimate and describe the faculty workforce, and on its web site has begun to provide additional analyses and a list of NYS nursing data resources. The Department of Labor, hospitals, and employers conduct various nursing surveys. Together these efforts allow some description of the nursing workforce, but no one is responsible for filling gaps, coordinating an annual comprehensive analysis, and providing policy recommendations of all the available information. The result of these diverse groups and programs is that there is no one source of comprehensive information about the NYS nursing workforce.

An example of the problems we have is a recent report by the CHWS showing a projected upswing in the number of new baccalaureate graduates. This would appear to be good news, until a further analysis

of the data reveals that the number of additional new graduates is zero. All the additions are coming from AD-BSN completions. While this is great news from the standpoint of moving our workforce toward a higher standard of education, as also recommended by the ION FON report, it does not add new RNs to our workforce. In addition, the NYS ED reported that the number of licenses granted in NYS had declined by 924 nurses from 2008 to 2010, to a little less than the 2006 level. Together these are troubling trends. Is the other shoe about to drop? This certainly could be a similar pattern that we have seen preceding every major nursing shortage.

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*Online resources mentioned in this article include:*  
*NYS Future of Nursing Web site, [www.futureofnursing-nys.org](http://www.futureofnursing-nys.org)*  
*NYS AHEC System Center, [www.ahec.buffalo.edu](http://www.ahec.buffalo.edu)*  
*Center for Health Workforce Studies, [chws.albany.edu](http://chws.albany.edu)*  
*NYS Education Department licensure statistics, [www.op.nysed.gov/prof/nurse/nursecounts.htm](http://www.op.nysed.gov/prof/nurse/nursecounts.htm)*  
*Institute for Nursing NYS Nursing Workforce Center, [www.nysifn.org](http://www.nysifn.org).*



Established in 1997, the New York State Community Health Partnership (NYSCHP) is a unique private-public partnership with representatives from many different sectors including business, community organizations, education, government, health, and philanthropic organizations that share a common vision of health improvement and have agreed to serve as catalysts and facilitators for health improvement activities throughout New York State.

### NYSCHP Steering Committee Members:

- American Cancer Society
- Cornell Cooperative Extension and Cornell University
- Healthcare Association of New York State
- Healthcare Trustees of New York State
- Medical Society of the State of New York
- New York Health Plan Association

- New York State Association of County Health Officials
- New York State Department of Health
- New York State Dietetic Association
- New York State Nurses Association
- New York State Public Health Association
- Schuyler Center for Analysis and Advocacy

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## AT THE NATIONAL LEVEL

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### “We Can’t Wait!” Obama Administration Launches Health Care Innovation Challenge

The Obama administration recently announced that \$1 billion in funding has been made available to hire, train, and deploy health care workers, part of the White House’s broader “We Can’t Wait” agenda.

Grants can go to doctors, community groups, local government and other organizations that work with patients in federal health care programs such as Medicare and Medicaid. The funds are for experimenting with different ways to expand the health care workforce while reducing the cost of delivering care. There will be an emphasis on speed, with new programs expected to be running within six months of funding.

The need for a larger health care workforce may become even more important in 2014, when the health care overhaul is expected to expand health insurance coverage to millions of Americans. By 2019, the

Congressional Budget Office projects 32 million more Americans will have gained health insurance coverage.

That has left federal agencies looking to alternative ways to deliver care, ones that may rely more on community-based care and less on trips to the doctor’s office. Under this new program, organizations may be able to explore how community workers, volunteers, pharmacy techs, or clinic managers could play a larger role in the health care workforce.

The Center for Medicare and Medicaid Innovation, created as part of the Affordable Care Act, will administer and oversee the program, called the Health Care Innovation Challenge.

The objectives of this initiative are to:

- Engage a broad set of innovation partners to identify and test new care delivery and payment models that originate in the field and

that produce better care, better health, and reduced cost through improvement for identified target populations.

- Identify new models of workforce development and deployment and related training and education that support new models either directly or through new infrastructure activities.
- Support innovators who can rapidly deploy care improvement models (within six months of award) through new ventures or expansion of existing efforts to new populations of patients, in conjunction (where possible) with other public and private sector partners.

Awards will range from approximately \$1 million to \$30 million for a three-year period, with March 30, 2012 as the anticipated Award date.

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## AT THE STATE LEVEL

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### HANYS Releases Nursing and Physician Workforce Survey Data

The Healthcare Association of New York State (HANYS) has released two workforce reports, *Nurses and Allied Professionals: New York’s Growing Demand* and the results of the Annual Physician Survey, *2011: The Doctor Can’t See You Now*.

The Nursing and Allied Professional report shows that vacancy and turnover rates for both nurses and allied health professionals at hospitals in New York State have begun to increase. While vacancy and turnover rates for hospitals were temporarily reduced because of the recent recession, as the economy has begun to rebound, vacancy and turnover rates are again rising.

Highlights of the nursing survey are:

- vacancy rates for registered nurses (RNs) increased to 6.1%, from a low of 3.6% in the previous year;
- turnover rates for RNs also increased to 9.5% from 7.1%;
- forty-seven percent of respondents indicated that experienced RNs

were very difficult to recruit;

- forty-eight percent of downstate RNs have a Bachelor of Science in Nursing degree, as compared to 19.2% upstate;
- forty percent of respondents indicated that they anticipate overall job growth this year, with 47% anticipating job growth for RNs; and
- the most difficult professions to recruit are medical coders, clinical laboratory technologists, physical therapists, pharmacists, respiratory therapists, and health information technology analysts.

HANYS’ physician report shows the following:

- The pace of physician departures and retirements in NYS is accelerating. Nearly 2,300 physicians retired or left the medical staffs of responding hospitals in 2010, as compared to 1,600 in 2009.
- The average age of practicing physicians in New York State is 52, and 16% are over the age of 65, mean-

ing the pace of retirements will accelerate in coming years, further exacerbating the shortage.

- Sixty-six percent of responding hospitals indicated there were times when the physician shortage left their emergency departments without coverage for certain specialties, requiring the transfer of patients to other hospitals for treatment.
- Thirty-four percent of hospitals reported that they had to reduce or eliminate services in 2009-2010 due to physician shortages.
- Responding hospitals reported a need for 763 new physicians.

*FOR ADDITIONAL INFORMATION,  
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(518) 431-7726 OR AT  
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## NYS Offers Tremendous Workforce Training & Development Resources

*The Center for Public Health Continuing Education & the Empire State Public Health Training Center*

Life in the 21st century has been eventful for public health care. We have seen incredible advances in public health—and many adversities. We have experienced sharp funding cuts, terrorism, and natural disasters threatening to erode resources. With this, there are cuts to training opportunities at this very time when they are most needed. The Center for Public Health Continuing Education (CPHCE) has been at the forefront of distance education in New York. It has reached thousands nationwide through our innovative distance learning techniques. CPHCE's mission is to provide exemplary education and training for the public health workforce. While it provides in-person training, it is best known for its distance learning. CPHCE hosts webcasts and webinars on timely topics for public health professionals across New York State, with a significant following from other states and countries. Most of the materials are archived for easy access at any time.

Many know CPHCE as the “home” of Public Health Live monthly webcasts featuring cutting-edge information, presented by renowned experts on topics from US health care policy, health disparities, diabetes, and other chronic conditions, to communications strategies for parents considering immuniza-

tions. Public Health Live remains one of CPHCE's most well-known programs, drawing audiences from around the country and the world.

CPHCE has several other nationally-recognized programs, notably three that target nurses. The Nurse Training on Immunization program (NurseTIP) has been educating professionals involved in immunization for the past two years. With a strong health partnership focus, this program has worked with nurses around the state to tailor programs to emerging issues and trends, as well as providing primers on the basics of immunizations. To better meet the needs of nurses with limited internet access, CPHCE has gone one step further and created DVDs of its most popular programs, which are available free upon request.

Secondly, CPHCE has set up a Public Health Nurse Ready Certificate program (PHNReady) for nurses new to, or interested in, public health. PHNReady is composed of a series of self-paced courses. There are students in nearly every state. Recent graduates have extolled the quality of the course offerings and praised the on-demand access to materials for easier completion of professional learning while working full time.

CPHCE's newest program, the Empire State Public Health Training Center (ESPHTC), aims to improve the public health system through targeted outreach and education to the public health workforce. ESPHTC places emphasis on rural health, Native American groups, and public health nursing. ESPHTC is at the cutting-edge of training using distance learning approaches that will be increasingly accessible to people in rural areas, long disenfranchised in the “digital divide.”

Sustainability of the CPHCE programs is a priority. For example, it uses a train-the-trainer model in Minimum Data Set (MDS) trainings for long-term care clinicians; those trained then go out and train clinicians on MDS. In all of its programs, CPHCE works closely with collaborating partners and stakeholders at multiple levels to ensure that continuing education can continue, even after funding ceases. Many of the projects are also archived for on-demand viewing. Continuing quality is maintained through periodic content expert reviews of all of its archived programs.

FOR MORE INFORMATION, PLEASE VISIT  
[WWW.ALBANY.EDU/SPH/CPHCE/INDEX.SHTML](http://WWW.ALBANY.EDU/SPH/CPHCE/INDEX.SHTML)  
OR E-MAIL US AT [CONED@ALBANY.EDU](mailto:CONED@ALBANY.EDU).



### “For a Stronger Public Health Workforce”

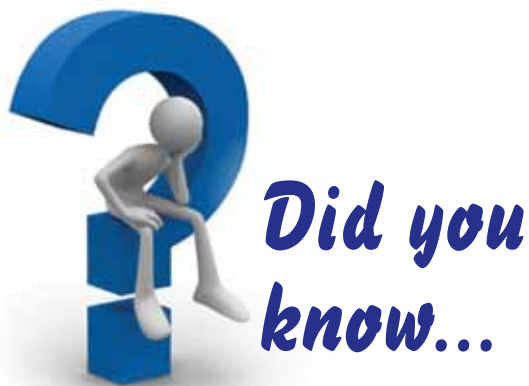
The mission of the Empire State Public Health Training Center (ESPHTC) is to improve the public health infrastructure in New York State by strengthening the current and future public health workforce. ESPHTC will focus on medically underserved areas such as rural communities and Native American Indian Reservations. It does this by providing free, interactive face-to-face and web-based training opportunities for the public health workforce in New York. ESPHTC is a collaborative initiative between the University at Albany School of Public Health and the University at Buffalo School of Public Health and Health Professions.

ESPHTC is partnering with the New York State Department of Health, New York State Association of County Health Officials, New York State Nurses Association, Center for Rural Community Health, Area Health Education Centers, the Office of Minority Health, and the New York-New Jersey Public Health Training Center at Columbia University to aid in the ESPHTC mission.

TO LEARN MORE ABOUT ESPHTC'S  
AVAILABLE TRAINING OPPORTUNITIES AND UPCOMING EVENTS, PLEASE VISIT  
[WWW.EMPIRESTATEPHTC.ORG](http://WWW.EMPIRESTATEPHTC.ORG) OR E-MAIL [LSKILL@ALBANY.EDU](mailto:LSKILL@ALBANY.EDU).



The growing diversity within communities across New York State makes it imperative that the health care workforce better reflect those they serve—and be more culturally competent in how they care for and reach out to diverse populations. This edition’s Community Snapshots provides some basic information and questions health care workers and organizations can begin asking as they engage in the journey to building a more culturally competent workforce. It is important to note that it is indeed a journey since every organization and its workforce are different and in different places along their journey.



- Providers may order fewer diagnostic tests for patients of different cultural backgrounds because they may not understand or believe the patient’s description of symptoms. Alternatively, providers may order more diagnostic tests to compensate for not understanding what their patients are saying.
- Patients may not adhere to medical advice because they do not understand or do not trust the provider.
- African-Americans may be less likely to be referred for cardiac catheterization than Whites, even when presenting with the same symptoms.
- Although Hispanics have a lower incidence of breast, oral cavity, colorectal, and urinary bladder cancers, their mortality from these is similar to that of the majority population.
- Newly arrived immigrants and refugees from several parts of the world should be tested for tuberculosis, hepatitis, intestinal parasites, malaria, and post-traumatic stress disorder.

Source: *The Provider’s Guide to Quality & Culture*, [erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English](http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English)

## How can I get started in improving the cultural competence of my organization?

Adapted with modifications by Robert Like, M.D., M.S. from the work of James L. Mason, Portland, Oregon

A good way to get started is to answer the following questions about your organization.

- Describe the culturally diverse populations served by your health care organization.
- Describe service delivery barriers you have encountered in serving culturally diverse populations in an effective manner.
- Discuss any challenges you have had working with:
  - Providers/staff of culturally diverse backgrounds,
  - Patients/families of culturally diverse backgrounds,
  - Natural healers and/or complementary alternative medicine healers.



- Describe any cross-cultural success stories and why they occurred:
  - Clinical practice-based (involving patients, providers, natural helpers, and/or complementary/alternative medicine healers),
  - Health care organization-based (involving patients, providers, administrative personnel, and/or executives).
- Describe policies and procedures you have developed and strategies and resources you have used in serving culturally diverse populations in an effective manner.
- Identify areas where key stakeholders and constituency groups can collaborate to improve the delivery of services to culturally diverse populations.



## Effectively Working with a Multicultural Staff

According to the Florida Center for Cultural Competence, studies show that a culturally diverse workforce can be more innovative, flexible, and productive. Yet, there are often different cultural norms groups possess that can cause conflict in an organization.

The article, "Managing Multicultural Teams," which appeared in the November 2006 Harvard Business Review, identified four primary areas where teams may be challenged:

- Direct versus indirect communication
- Trouble with accents and fluency
- Differing attitudes towards hierarchy
- Conflicting decision-making norms

Other areas of potential conflict may include:

- How to refer to various racial and ethnic groups
- Employees from ethnic groups or countries with a history of conflict
- Inadvertently offensive comments
- English-only policies

## Generational Diversity Within the Health Care Workforce

It is important to recognize the differing perspectives and priorities of the generations that make up today's workforce.

The View from Each Generation's Window

	World War II	Baby Boomers	Generation X	Millennials
<b>Outlook</b>	Practical	Optimistic	Skeptical	Hopeful
<b>Work Ethic</b>	Dedicated	Driven	Balanced	Ambitious
<b>View of Authority</b>	Respectful	Love/Hate	Unimpressed	Relaxed, polite
<b>Leadership By</b>	Hierarchy	Consensus	Competence	Achievement, Pulling Together
<b>Relationships</b>	Self-sacrifice	Personal gratification	Reluctance to Commit	Loyal, Inclusive
<b>Perspective</b>	Civic-Minded	Team-Oriented	Self-Reliant	Civic-Minded
<b>Turn-Offs</b>	Vulgarity	Political Incorrectness	Cliches, hype	Cynicism, Condescension

Source: Claire Raines Associates. 4GenR8tms: Succeeding With Colleagues, Cohorts and Customers, www.generationsatwork.com. Reprinted with permission.

Do you have a best practice or snapshot about your organization's cultural competence journey?  
 A successful initiative or endeavor you'd like to share in *Focus on Community Health*?  
 If so, please e-mail it to cpcharvat@aol.com.



to the sponsor  
 of this edition of  
*Focus on Community Health*:  
**The New York State  
 Nurses Association**

# New York's Learning Management System (LMS)

The NYLearnsPH.com Learning Management System (LMS) enhances tools and course offerings, increasing capacity for workforce development in New York State. Launched in August 2007, the NYLearnsPH.com LMS is completing its fourth year of operation and boasts over 9,900 unique active users from the state and local health departments, community-based organizations, and allied health care agencies in NYS. The system is currently host to over 800 active courses, all searchable and available for registration and tracking.

Since its inception, in mid-2007, the system has tallied over 34,050 enrollments and over 22,025 course completions. Over 20,309 (60% of all) enrollments and over 11,350 (52% of all) course completions have occurred in the last year (since August 31, 2010).

Much of the gains in system utilization are owed in large part to new LMS training initiatives introduced within the last year. Some of these new offerings include:

- The Commerce Training Institute (six courses addressing the Health Commerce System Portal, the Communications Directory, IHANS, and Data Visualization) with nearly 950 enrollments, and over 860 completions since September 2010;
- New training offerings on Tuberculosis, Climate Change, Performance Management, and new health emergency preparedness grant-related training including Strategic National Stockpile (SNS), Medical Emergency Response Cache (MERC), Outbreak Management System (OMS), Crisis Emergency Risk Communication (CERC), and Medical Countermeasure training;
- New and existing competency self-assessment tools for Leadership, Applied Epidemiology, Public Health Education, and Public Health Nursing which result in targeted course recommendations;
- A new Program Enrollment tool to support learners to enroll in and complete mandated training for Public Health Educator, Public Health Nurse 2, Supervising Public Health Nurse, and some Environmental civil service titles; and
- The Public Health Nurse Ready Program from University at Albany School of Public Health Center for Public Health Continuing Education (UAlbany-SPH-CPHCE).

New partnerships with the New York-New Jersey Preparedness and Emergency Response Learning Center (NYNJ-PERL-C), University of Medicine & Dentistry of New Jersey (UMDNJ), UAlbany Center for Public Health Preparedness (CPHP), and the Columbia Regional Learning Center (CRLC) at the National Center for Disaster Preparedness at Columbia University, promise expanded just-in-time training opportunities in emergency preparedness. The CRLC's focus will be on chemical and radiation topics.

Continued collaboration with the new HRSA-funded Public Health Training Centers will expand public health offerings to include new content on a variety of public health topics including: needs assessment, data utilization, evaluation, communication, cultural competency, tobacco succession, American Indian, and public health nursing topics. The New York City–Long Island–Lower Tri-county Public Health Training Center (NYC-LI-LTC PHTC), is a collaborative project of the Columbia University Mailman School of Public Health and the State University of New York, Stony Brook's Graduate Program in Public Health, in collaboration with the New York State Department of Health, the New York City Department of Health and Mental Hygiene (NYC DOHMH), and the five county health departments of Suffolk, Nassau, Westchester, Rockland, and Putnam Counties. The NYC-LI-LTC PHTC offers flexible, web-based training programs for current public health workers as well as face-to-face training programs in the five boroughs of New York City and the five target counties. The Empire State Public Health Training Center (ESPHTC) at UAlbany-SPH-CPHCE and the NYC-LI-LTC PHTC, described on page 4, will provide similar offerings to the LMS.

The new Program Enrollment tool, launched in October 2010, has streamlined the Program/Curriculum enrollment process and provides learners with a Program/Curriculum specific view of the courses they need to complete in order to get credit for mandated and other training Programs/ Curriculums for which they are enrolled. The learner no longer needs to search through all of their current courses to find the ones they need to complete a state mandated training program. By going to the Current Programs tab in their My Courses area (accessed through the navigation menu on the left side of the LMS homepage), learners can see their status in all of the courses in the Program, are able to access details about each course (e.g., date, time, location, etc.), launch online courses, complete online activities (e.g., quizzes, evaluations), communicate with course administrators, and stay up to date on their most sensitive and mission critical training.



## CALENDAR OF EVENTS AND WEB RESOURCES



### View a Recording of the Recent Daines Symposium

On November 10, the New York Academy of Medicine (NYAM) and the NYS Department of Health hosted a symposium in honor of the late Richard F. Daines, M.D., former New York State Health Commissioner and Visiting Fellow at NYAM.

The symposium, *Dr. Richard F. Daines and the Health of the Public: The Road Ahead*, recognizes Dr. Daines' accomplishments and promotes innovative approaches to pressing issues of health: preventing the leading causes of death such as obesity and tobacco use; developing integrated health care delivery systems that coordinate with public health efforts; and creating partnerships among public health departments, health care delivery systems, and insurers that will enable excellent, affordable, and sustainable care for all New Yorkers.

To view this event, go to [www.bit.ly.com](http://www.bit.ly.com).

### Health Care Workforce: Challenges, Opportunities, and Innovation



American Hospital Association  
[aha.org/advocacy-issues/workforce/index.shtml](http://aha.org/advocacy-issues/workforce/index.shtml)



Bureau of Health Professional Resources: HRSA, US Department of Health and Human Services  
[bhpr.hrsa.gov/](http://bhpr.hrsa.gov/)



Association of Schools of Public Health  
[asph.org/document.cfm?page=1038](http://asph.org/document.cfm?page=1038)



Center for Health Workforce Studies  
[chws.albany.edu](http://chws.albany.edu)

### Diversity/Cultural Competency Information and Resources



American Hospital Association: Eliminating Racial and Ethnic Disparities  
[www.aha.org/advocacy-issues/disparities/index.shtml](http://www.aha.org/advocacy-issues/disparities/index.shtml)



Minority Health: NYS Department of Health  
[www.health.ny.gov/community/minority/](http://www.health.ny.gov/community/minority/)

Conducting A Cultural Competence Self-Assessment  
[erc.msh.org/provider/andrulis.pdf](http://erc.msh.org/provider/andrulis.pdf)



Where's the Diversity  
[www.minoritynurse.com/diversity-multiculturalism/wheres-diversity](http://www.minoritynurse.com/diversity-multiculturalism/wheres-diversity)



Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches  
[www.commonwealthfund.org/usr\\_doc/betancourt\\_culturalcompetence\\_576.pdf](http://www.commonwealthfund.org/usr_doc/betancourt_culturalcompetence_576.pdf)



National Center for Cultural Competence  
[nccc.georgetown.edu/](http://nccc.georgetown.edu/)



Culture, Language, and Health Literacy: HRSA, US Department of Health and Human Services  
[www.hrsa.gov/culturalcompetence/index.html](http://www.hrsa.gov/culturalcompetence/index.html)

The Provider's Guide to Quality & Culture  
[erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English](http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English)



Institute for Diversity in Health Management  
[www.DiversityConnection.org](http://www.DiversityConnection.org)