

Section IV

Specific Populations: Needs and Resources

Attention to the health care needs of identified populations began to appear in medical journals and other publications in the late 1950s, as researchers presented the results of studies of health and disease in specific racial and ethnic groups. By 1981, Alan Harwood was able to cite more than 100 references in the introductory chapter to *Ethnicity and Medical Care*, including 16 he identified as “Guidelines for Culturally Appropriate Health Care.” Each of the contributed chapters (on urban Black Americans, Chinese Americans, Haitian Americans, Italian Americans, Mexican Americans, Navajos, and Mainland Puerto Ricans) addressed culture-specific health beliefs and behaviors.

In “Recognizing Intraethnic Variation in Clinical Care,” Harwood identifies those aspects of ethnic subcultures that are still most likely to bear heavily on medical care: “concepts of disease and illness, folk and popular traditions of health care, problems of language and translation, dietary practices, interactional norms, and the role of the family in compliance with long-term treatment” (p 505). Harwood’s suggested procedures for responding to the various factors that make folk and popular concepts of disease relevant to medical delivery are applicable nearly 20 years later.

Cautions Against Generalizing, Stereotyping

Harwood, like most authors who have developed culture-specific guides of any kind, repeatedly reminds readers not to use research results or other materials in any way that reflects stereotypical interpretations, that ignores variation within ethnic groups, or that fails to account for individual patient preferences and needs. Similar cautions against stereotyping were provided in Elaine Geissler’s 1994 *A Pocket Guide to Cultural Assessment*: “The reader is strongly cautioned against assuming that people from one country or geographic area . . . hold the same beliefs as those held by their neighbors.” But she also makes the important point that “[n]ot to use a guide such as this for fear of stereotyping impedes movement toward delivery of culturally relevant health care.”

Inclusive Definition of “Culture”

Our use of “cultural competence” and “culturally competent health care” reflects an inclusive definition of the word “culture”—any group of people who share experiences, language, and values that permit them to communicate knowledge not shared by those outside the culture. Physicians reflect many individual cultural attributes, but they also participate to some extent in the culture of medicine, with its special shared language, values, and experiences. Within this macro physician culture are the numerous subcultures related to specialty/subspecialty and practice type and location.

Patient-Centered Care

To be culturally competent in accord with either the inclusive or narrow definition, physicians must be able to provide patient-centered care by adjusting their attitudes and behaviors to the needs and desires of different patients, including accounting for the impact of emotional, cultural, social, and psychological issues on the main biomedical ailment. This in turn requires complex integration of knowledge (including knowledge of the effects of culture on others’ beliefs and behavior and on one’s own beliefs and behavior), attitudes (of the patient as well as the physician), and skills (with communication skills as important as technical skills). The importance of communication skills in conducting a patient-centered trust-promoting method of inquiry is reflected in Section II.

Determining Categories for the *Compendium*

The categories for this section of the *Compendium* were determined as we proceeded with our search for materials related to cultural competence and as we learned of AMA initiatives that had or could have a cultural competence component.

The first category, underserved and underrepresented racial, ethnic, and socioeconomic groups, has the most entries because it encompasses the most common definition of cultural competence. The AMA has extensive policy and reports addressing health disparities among these groups. Ironically, it may also be the category in which medical educators and professional associations need to do the most work, because many of the materials are either too generic or too specific to meet the needs of students, employees, or patients associated with a particular educational or health care institution or a specific health care specialty.

Resources in the second category, people with physical or mental illnesses or disabling conditions, are intended to help educators and practitioners understand the special communication skills required to provide the most effective care to people with serious or chronic illness, with mental illness, or with a disability. For example, some physicians still refer to “the crippled kid in bed 3,” “the CP,” or “the spastic.” While groups representing people with disabilities do not always agree on terms, dozens of groups agree that terms should focus on the person, rather than the disability—“people with disabilities,” “a person with cerebral palsy.” The AMA has produced several publications and other resources to assist physicians in improving their ability to communicate respectfully with patients in this category.

Children and adolescents are included because the Centers for Disease Control and Prevention has reported that “adolescents are among the most underserved groups medically” (*Sacramento Bee*, March 10, 1999) and because the AMA and the American Academy of Pediatrics, among others, have specific materials to assist in providing appropriate care for children and adolescents.

The Florida Medical Association recognizes the importance of including women in considerations of culturally competent care. In “Women’s Health Care: Cross-Cultural Encounters within the Medical System” (*Journal of the Florida Medical Association*, August/September 1997), authors Lieberman, Stroller, and Burg emphasize the relationship between cultural competence and patient outcomes: “The more a physician knows of the patient’s beliefs, communication style, and daily patterns of behavior, the more effective and appropriate the physician-patient encounter will be.” Education and training in women’s health is being examined by AMA councils for medical education and for scientific affairs, and professional associations for women are playing a leadership role in developing resources to assist physicians in improving women’s health.

Older adults are treated separately to indicate that although they may fall into several other categories, they have very special concerns, including health literacy, which decreases regardless of education, general health, or socioeconomic status. In addition, issues of end-of-life care, domestic violence, and sexuality are very different for older adults than for other age groups.

Caring for people at the end of life, as indicated by the AMA project for Educating Physicians in End of Life Care (EPEC), requires special sensitivity and communication skills on such topics as age, the cause of approaching death, and even the site of death. Issues related to race, ethnicity, and spirituality may require more consideration at the end of life than at any other time.

Four of the five categories grouped under special issues—domestic violence, genetic conditions, organ donation, and sexuality—were selected because they all have special cultural considerations in either the inclusive or narrow sense. For example, the 106th Congress may consider legislation prohibiting genetic discrimination in health insurance or employment or legislation protecting medical records privacy. In January 1998, the Department of Labor released a report outlining recommendations to protect employees from genetic discrimination in the workplace. Along the same lines, the National Human Genome Research Institute (NHGRI) and the National Bioethics Advisory Commission sponsored a meeting on November 23, 1998, on “Involving Diverse Communities in Genetics Research,” particularly NHGRI research, education, and policy development activities. Homelessness was selected because homeless people are perhaps the most underserved of all groups.

Section Contents

Most of the resources categorized in the “Specific Populations” segments could generally be assigned to three or more groups. To assist readers in identifying populations in which they have the most interest, we have attempted to place resources in the two most specific categories; readers looking for citations related to older African American women with a mental illness should review all four categories. We have also cited many relevant references from other sections (for example, literacy, spirituality, complementary practices, consumer resources, and self-help groups) that apply to specific populations below, but those sections should also be reviewed for references that do not appear in this section.

A. Underserved and Underrepresented Racial, Ethnic, and Socioeconomic Groups

B. People with Physical or Mental Illnesses or Disabling Conditions

C. Children and Adolescents

D. Women

E. Older Adults

F. People at the End of Life

G. Special Issues

- Domestic Violence
- Genetic Conditions
- Homelessness
- Organ Donation
- Sexuality

A. Underserved and Underrepresented Racial, Ethnic, and Socioeconomic Groups

Organizations and Their Resources

American Medical Association

Contact

See Section I for comprehensive information about AMA activities and specific AMA units for individuals with responsibilities related to Section IV.

H-160.934

Use of Chaperones During Physical Exams

H-160.959

Health Care Access for the Inner-City Poor

H-200.972

Primary Care Physicians in the Inner City

Policies

B-1.50

Discrimination

H-350.971

AMA Initiatives Regarding Minorities

E-9.03

Gender Discrimination in the Medical Profession

H-350.972

Improving the Healthcare of Black and Minority Populations in the United States

E-9.065

Caring for the Poor

E-9.12

Physician-Patient Relationship: Respect for Law and Human Rights

H-350.973

Sickle Cell Anemia

H-350.974

Racial and Ethnic Disparities in Health Care

E-9.121

Racial Disparities in Health Care

H-350.975

Improving the Healthcare of Hispanic Populations in the United States

H-20.974

AIDS Prevention Through Educational Materials Directed at Minority Populations

H-350.976

Improving the Healthcare of American Indians

H-65.990

Civil Rights Restoration

H-65.999

Equal Opportunity

H-350.977

Indian Health Service

H-350.978	<i>Minorities in the Health Professions</i>	H-370.977	<i>The Inclusion of Advance Directives Concerning Organ Donation in Living Wills</i>
H-350.979	<i>Increase the Representation of Minority and Economically Disadvantaged Populations in the Medical Profession</i>	H-370.978	<i>The Use of Minors as Organ and Tissue Sources</i>
H-350.980	<i>AMA's Role in Preparing Minority and Disadvantaged Youth for Careers in Medicine and the Health Professions</i>	H-370.979	<i>Financial Incentives for Organ Procurement Ethical Aspects of Future Contracts for Cadaveric Donors</i>
H-350.981	<i>AMA Support of American Indian Health Career Opportunities</i>	H-370.980	<i>Strategies for Cadaveric Organ Procurement Mandated Choice and Presumed Consent</i>
H-350.982	<i>Project 3000 by 2000—Medical Education for Under-Represented Minority Students</i>	H-370.982	<i>Ethical Considerations in the Allocation of Organs and Other Scarce Medical Resources Among Patients</i>
H-350.983	<i>Federal Guidelines for Standardization of Race/Ethnicity</i>	H-370.983	<i>Tissue and Organ Donation</i>
H-350.985	<i>Physicians' Role in Preparing Minority and Disadvantaged Youth for Careers in Medicine and the Health Professions</i>	H-370.984	<i>Organ Donation Education</i>
H-350.989	<i>Continued AMA Support for Minority Health Improvement</i>	H-370.986	<i>Donor Tissues and Organs for Transplantation</i>
H-350.992	<i>Indian Health Service Contract Care Program</i>	H-370.987	<i>Transplant Centers</i>
H-350.993	<i>Minority Physician Manpower</i>	H-370.994	<i>Sale of Donor Organs for Transplant</i>
H-350.994	<i>Funding for Affirmative Action Programs</i>	H-370.995	<i>Organ Donor Recruitment</i>
H-350.995	<i>Minority and Economically Disadvantaged Representation in the Medical Profession</i>	H-370.996	<i>Organ Donor Recruitment</i>
H-370.974	<i>Working Toward an Increased Number of Minorities Registered as Potential Bone Marrow Donors</i>	H-370.999	<i>Computerized Donor Registry</i>
H-370.975	<i>Ethical Issues in the Procurement of Organs Following Cardiac Death</i>	H-385.963	<i>Physician Review of Accounts Sent for Collection</i>
		H-500.992	<i>Tobacco Advertising Directed to Children, Minorities and Women</i>
		H-555.982	<i>Participation of Minorities in Organized Medicine</i>
		See Section X for the complete text of these policies, including references to related reports.	

AMA Reports

Most of the above policies emanated from reports of the same title. See Section X for the complete text of selected reports. See Section I for the titles and dates of many of these reports. Three of the most relevant reports are cited below.

Black-White Disparities in Health Care

JAMA, May 2, 1990; 263(17):2344-6, Review

Hispanic Health in the United States

Council of Scientific Affairs of the American Medical Association
JAMA, 1991; 15:248-252

Racial and Ethnic Disparities In Health Care

Board of Trustees Report, 50-I-95

Minority Affairs Consortium

Women and Minority Services
515 North State St
312 464-4392
312 464-5845
E-mail: mps@ama-assn.org
<http://www.ama-assn.org/mem-data/mimed/mihome.htm>

The AMA Minority Affairs Consortium (MAC) functions as the AMA conduit for minority concerns, from the grassroots level to the Board of Trustees. It provides a national forum for advocacy on minority health issues and for addressing the professional concerns of minority medical students and physicians. E-mail and the AMA Web site are the primary means through which MAC conducts its member communications and outreach and educational activities.

The nine-member MAC Governing Committee includes formal representation from the National Medical Association, National Hispanic Medical Association, and Association of American Indian Physicians. The primary MAC goal is to build an interorganizational, grassroots communication network to educate, inform, and advocate for underrepresented medical students and physicians across the nation.

MAC provides a structural framework for physicians committed to addressing minority issues at the national, state, and local levels by developing and supporting efforts to:

- eliminate minority health disparities;
- assist all physicians to become better prepared to deliver culturally effective health care;
- recruit and retain more minority students to promote diversity in the profession;
- increase the membership and leadership participation of minority physicians in organized medicine; and
- advocate on minority health issues at local, state, and national levels.

Membership is free to any interested AMA-member physicians or medical students. Non-AMA members may join on a 1-year introductory basis.

Recent MAC recommendations include urging (1) the AMA Foundation to support programs geared toward increasing diversity, (2) the AMA to explore state medical society/AMA partnerships to increase diversity, and (3) medical schools to weigh the likelihood of service to underserved populations as an admission criterion. MAC has recommended that the AMA Advocacy Resource Center be authorized to assist in these efforts.

Robert Wood Johnson Foundation “Reach Out” Initiative

The AMA and organized medicine are involved with the Robert Wood Johnson Foundation initiative “Reach Out: Physicians’ Initiative to Expand Care to Underserved Americans.” Reach Out mobilizes private physicians to improve care for the underserved at the local level. Ten of the 22 initial grants and 14 of the 37 second-phase grants were awarded to local medical societies.

Organ Donation Initiative

Karen Goraleski, Professional Standards
312 464-4840
E-mail: karen_goraleski@ama-assn.org

Although organ transplants increased by approximately 600 and tissue transplants increased by 14,000 in 1998, the transplant waiting list also increased, from more than 56,000 registrants in 1997 to more than 64,000 in 1998. Donor trends among whites and Hispanics increased by 6.6% and 7.8%, respectively, while those for African American donors remained relatively unchanged, and Asian donors decreased by 8.4%. Concerned about low donor rates in general and within African American populations in particular, the AMA is intensifying activities to implement its organ donation policies.

“Live and Then Give”

“Live and Then Give,” an organ donation program modeled after the Texas Medical Association program of the same name, is intended to encourage physicians to become organ donors and to present information to their patients. It was launched with a special 11-minute video during the December 1998 Interim Meeting. The June 1999 Annual Meeting included several organ donation awareness events sponsored by the Medical Student Section and the Minority Affairs Consortium (MAC), covering cultural barriers and general awareness of organ and transplant issues and particularly aimed at increasing organ donations in minority communities. Activities included a Minority Issues Forum, a Public Rally for Organ Donation Awareness, and a MAC Consensus Panel/Forum, which provided CME credit.

Campaign Manual and Ready-to-Use Materials

Materials supporting “Live and Then Give” are available in formats that give Federation partners the flexibility to develop a campaign unique to their own needs and responsive to the diverse populations they serve. The campaign manual is supplemented by camera-ready artwork, question and answer brochures, two donor cards, and a poster.

Medical Student Section Program Module

Organ Donation Awareness
National Service Project
800 262-3211, ext 4742
E-mail: mss@ama-assn.org

The AMA Department of Medical Student Services developed the 1999 National Service Project Organ & Tissue Donor Awareness Program Module (February 1999), with assistance from the United Network for Organ Sharing, to encourage Medical Student Section chapters to apply for a policy promotion grant to set up an Organ Donation Awareness National Service Project.

The module includes sections on community and professional education, fact sheets on organ donation and transplantation, understanding the organ procurement process, dispelling fears about organ donation, and religious/spiritual views on donations and transplantation. Specific program activities are suggested, from donor days to appearing on TV and radio programs. The module also includes information about state and regional organ procurement organizations.

Giving Life: Share Your Decision To Be an Organ and Tissue Donor

Mi Young Hwang
(posted on *JAMA* Patient Page, AMA Health Insight, at <http://www.ama-assn.org/public/journals/jama/ppindex9.htm>)

This two-page discussion of the need for organ and tissue donation and how to indicate willingness to be a donor may be reproduced by physicians to share with patients.

Collaborations Sought

The AMA is developing collaborative relationships and projects with the Illinois chapter of the National Medical Association, the Regional Organ Bank of Illinois, and other groups committed to cooperative efforts in the areas of policy development, education, technology, and assessment related to advancing organ availability and transplantation. *See Section IV G for a list of national organizations.*

American Psychiatric Association (APA)

Steve Mirin, MD, Medical Director
1400 K St NW
Washington, DC 20005
202 682-6000
202 682-6353 Fax
E-mail: smirin@psych.org
<http://www.psych.org>

The APA Council on National Affairs has been involved with developing curricula for psychiatric residents in six major minority or underrepresented groups. Four articles have been published.

Psychiatry Residency Curricula

A Psychiatry Curriculum Directed to the Care of the Hispanic Patient

ES Garza-Trevino, P Ruiz, K Varegos-Samuel
Academic Psychiatry, 1997: 21:1-10

This article describes a model curriculum for psychiatric residency programs that addresses the sociodemographic, epidemiological, psychosocial, cultural, and behavioral characteristics of Hispanics. It emphasizes that faculty who are knowledgeable and sensitive about Hispanic culture should be available for the supervision and teaching of psychiatric residents during their training and that supervision should focus on cultural formulation and family dynamics and other factors of importance in clinical psychiatric practice. Includes a 29-item bibliography and 56 references.

A Psychiatric Residency Curriculum About Gender and Women's Issues

A Spielvogel, LJ Dickson, GE Robinson
Academic Psychiatry, 1995:Vol 19, no 4:187-201

Over the last 30 years, major advances have been made in our understanding of how biological factors and sociocultural influences contribute to gender differences, gender identity formation, and gendered role behavior. This article presents an outline for a curriculum in gender and women's issues, including educational objectives, learning experiences through

which residents could meet these objectives, and recommended readings. It discusses potential obstacles and suggests helpful strategies for implementing the proposed curriculum. Includes 96 references and suggested core readings.

A Curriculum for Learning in Psychiatry Residencies about Homosexuality, Gay Men, and Lesbians

TS Stein
Academic Psychiatry, 1994:Vol 18, no 2:59-70

Recent research has greatly expanded knowledge about homosexuality, gay men, and lesbians. However, neither a nonpathological perspective nor this new information has been integrated into psychiatric residency curricula. This article proposes a basic model for this necessary professional training. Includes 85 references.

A Curriculum for Learning About American Indians and Alaska Natives in Psychiatry Residency Training

JW Thompson
Academic Psychiatry, 1996:Vol 20, no 1:5-14

Describes a proposed curriculum for teaching psychiatric residents about the diagnosis and treatment of American Indians and Alaska Natives. Presents the historical context, contemporary myths, and rationale for the inclusion of curriculum materials on Indians in residency programs. Briefly describes the curriculum for the 4 years of residency education and outlines the knowledge, skills, and attitudes needed by residents. The curriculum for the first and second years includes a basic history and description of Indian people, information on myths about the group, and psychiatric epidemiology and psychopathology. The third year includes clinical care and related areas such as service utilization and illness prevention. The proposed fourth year includes a seminar to discuss psychotherapy and other clinical cases. Includes 70 references.

California Center for Health Improvement (CCHI)

1321 Garden Hwy, Ste 210
Sacramento, CA 95833-9576
916 646-2149
policymatters@cchi.org
www.policymatters.org

The CCHI is an independent, impartial, not-for-profit, prevention-focused health policy center. The CCHI is committed to improving the health of the public by disseminating objective, accurate and easily understood information about community health and health care issues and policies to diverse audiences. Through CCHI's Survey Reports, Policy Briefs and Policy Notes, the Center analyzes and synthesizes complex health research and policy information.

Institute of Medicine (IOM)

2101 Constitution Avenue, NW
Washington, DC 20418
202 334-3300
<http://www4.nas.edu/IOM/IOMHome.nsf>

According to *AMNews* (February 8, 1999), growing awareness of persistent disparities between majority and nonmajority populations has resulted in IOM efforts to improve service to underserved groups. An IOM committee has issued a congressionally requested report outlining ways in which the National Institutes of Health (NIH) should further explore why cancer is taking a greater toll in some racial and ethnic groups. The committee recommended classifying information according to ethnicity to highlight how differences in cancer incidence and mortality rates may be linked to a range of cultural factors, behaviors, health attitudes, and lifestyle conditions.

The IOM issued the following recommendations to the National Cancer Institute (NCI) to increase its cultural competence:

- Expand cancer data collection and classifications to better measure the influence of ethnicity on incidence and mortality rates.

- More accurately assess and increase the NCI research sources dedicated to studies targeted to minority and medically underserved groups.
- Establish a formal system to report to Congress about the amount of minority targeted research included in overall cancer research.
- Improve minority participation in clinical trials by addressing barriers created by current informed consent processes.
- Tap cancer survivors in minority groups as a resource for educating others in the community about their risks.

Institute on Health Care for the Poor and Underserved

Meharry Medical College
1005 Dr DB Todd, Jr Blvd
Nashville, TN 37208
615 327-6204

The Institute was established to address the fact that, in a country that devotes more money per capita to health care than any other nation, more than 30 million people lack adequate health protection. The Institute aims to solve problems by bringing together health professionals, disseminating critical information, and serving as a focal point for research news. The broad scope of the Institute encompasses diverse concerns such as the cost of health care; federal, state, and local laws; service delivery and access; bureaucratic regulations and procedures; and individual and group behaviors. Principle activities include:

- Operating a national clearinghouse
- Convening annual conferences and meetings
- Publishing a quarterly journal
- Establishing and supporting local demonstration projects
- Engaging in health services research

Publications

Journal of Health Care for the Poor and Underserved

The Institute's quarterly journal addresses the health of, and health care for, low-income and other medically underserved communities to health care practitioners, policy makers, and community leaders. Pertinent issues include access to and quality and cost of health care. Articles in the special *Journal* supplement *Language Barriers to Health Care* issue, Vol 9, 1998, include:

- *Language Barriers to Health Care: An Overview*
Pancho H. Chang, Julia Puebla Fortier

Provides a context for the discussion of language issues in health care by reviewing federal and state laws and related initiatives; discussing the case history of language access in Seattle, Washington; and surveying the expansion of managed care. Also describes different models of language services and raises issues in the delivery, financing, and regulation of language services in a managed care environment.

- *The Pervading Role of Language on Health*
Roberto E. Torres

Highlights the complex and multidimensional nature of language barrier problems relative to the health status of US ethnic groups and to health care delivery in the United States and identifies the challenges faced by the US health care system to overcome these barriers. Illustrates the multiple facets of this public health issue by examining current literature, focusing on how ethnic groups such as Latino, Asian Pacific Islander, and Arab Americans are affected by these impediments. Calls for creating effective systems to improve communication between providers and people with English-language limitations.

- *Improving Access for Limited English-Speaking Consumers: A Review of Strategies in Health Care Settings*
Sherry Riddick

Describes models and strategies currently used in various health care settings to improve health care access for limited English-proficient (LEP) individuals and examines a spectrum of strategies that overcome barriers to care. Recommended strategies include the use of bilingual providers, bilingual/bicultural community health workers, and professional and nonprofessional interpreters; the role of written translations; and new technological approaches to interpretation. Also considers how these strategies are applied in community health centers, public health departments, hospitals, and managed care organizations. Reviews recommendations to assist institutions in improving the provision of health care for LEP populations.

- *Legal Protections to Ensure Linguistically Appropriate Health Care*
Jane Perkins, Yolanda Vera

Points out that the health care delivery system is confronted with providing adequate translation services for the 32 million people in the United States (13.8 percent of the population) who depend on a language other than English. Describes how hospitals relying on untrained employees, friends, or family members to translate frequently do not meet interpreter and translation needs. Outlines federal and state laws that impose legal obligations on health care providers to offer minimally adequate translation services and discusses the need to ensure linguistically appropriate care in the emerging managed care delivery system. Includes 118 references.

- *Language Barriers to Health Care: Federal and State Initiatives, 1990-1995*
Julia Puebla Fortier, Christopher Strobel, Esther Aguilera

Focuses on the legislative and oversight activities of the US Congress from 1990 to 1995—a period of significant activity on the issue of access to health care for underserved and minority populations—and examines a three-step process leading to the development of federal policy on language barriers to health care. Includes an overview of the initial

legislation developed on language access to health care and an analysis of its implementations, followed by a review of additional legislative actions in 1994. Analyzes the potential limitations of government mechanisms in reducing language barriers.

Kaiser Permanente National Diversity Program

1950 Franklin St
Oakland, CA 94612
510 987-1000

Kaiser Permanente has developed a series of handbooks with learning modules on culturally competent care that summarize epidemiologic data, health beliefs, and cultural characteristics that have implications for service delivery to special populations. Kaiser also conducts monthly educational lunches to work with clinical staff on developing and implementing cultural competence efforts; a physician/patient communication training project; a self-guided reading list/tour on utilizing interpreters and analyzing demographics; and model programs.

The first handbook in the series is summarized below. Kaiser Permanente publishes additional *Provider's Handbooks* on African American and Asian/Pacific Islander populations.

A Provider's Handbook on Culturally Competent Care: Latino Population

Kaiser Permanente National Diversity Council,
1996

This handbook includes:

- Sections devoted to demographic information:
 - Mexican Americans living primarily in the Southwest
 - Puerto Ricans living primarily in the Northeast

- Cubans living primarily in Dade County, Florida
- Other Latinos and Central and South Americans living primarily in California.
- Cultural characteristics of the groups, with attention to the unique factors that shape health-related beliefs and behaviors.
- Health profiles for the groups that summarize the following risk factors and disease states:
 - Substance abuse/chemical dependency
 - Obesity and centralized fat distribution
 - Diet and nutrition
 - Diabetes mellitus
 - End stage renal disease
 - Gallbladder disease
 - Cardiovascular diseases
 - Cancer
 - Cerebrovascular disease
 - Infectious diseases: tuberculosis, AIDS, measles
 - Childbirth and breastfeeding
- A helpful discussion of the implications of the data for health providers.

Latin International Network of Mental Health

6551 W North Ave
Oak Park, IL 60302

The Latin International Network of Mental Health publishes *Psychline: Inter-Transdisciplinary Journal of Mental Health*, which examines cultural issues and guides organizations in assessing and improving the cultural competence of their

organization in order to meet the diverse needs of clients and communities. See the cultural assessment chart in the introduction to the *Compendium*.

Latino Coalition for a Healthy California and California Pan-Ethnic Health Network

1535 Mission St
San Francisco, CA 94103
415 431-7430

Formed to promote multi-cultural issues in the health care reform debate. Both groups developed principles to evaluate health care reform legislation to assess whether it meets the needs of California's diverse communities.

Minnesota Department of Health Community Health Services

717 Delaware St, SE
Minneapolis, MN 55400-9441
651 296-9619
barbara.kizzee@health.state.mn.us

The Minnesota Department of Health's unit on Community Health Services exemplifies the types of programs and resources provided by departments of health.

Healthy Minnesotans: Public Health Improvement Goals for 2004

Includes 18 goals designed to achieve three priorities: increase healthy years of life, eliminate disparities in health status affecting certain populations (especially communities of color), and assure a strong foundation for health protection.

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)

1501 16th St NW
Washington, DC 20036
202 387-5000

The organization's mission is to network with communities and create change to improve the health and well-being of Hispanics in the United States.

The COSSMHO Reporter

Examines how conditions such as diabetes and arthritis affect Hispanics.

Delivering Preventive Health Care to Hispanics: A Manual for Providers

A manual intended to assist health providers in responding more effectively to the growing needs of Hispanics for greater access and utilization of health services. It addresses many of the barriers Hispanics face in obtaining health care, including language gaps between patient and provider, cultural misunderstandings, Hispanics' distrust of the medical system, cost, and institutional policies that are not sensitive to Hispanics' cultural values.

Chapters cover:

- the diversity of Hispanic groups in the United States
- Hispanic health status, risk factors, and patterns of seeking care
- cultural values and beliefs affecting Hispanics' health
- cultural and language considerations affecting patient-provider interactions
- techniques for bridging the gaps inherent to direct service and community-wide interventions
- references, resources, and list of Spanish-language publications

Projecto Informar: A Training Program for Health Care Providers

This comprehensive cross-cultural training program is designed to improve access to health services by preparing health care providers to offer culturally competent health services to Hispanics. The 2-day training allows participants to actively gain knowledge about delivering health services to Hispanics, examine their attitudes towards Hispanics, and have opportunities to practice new behaviors. The program's five modules include:

- Understanding Hispanics in the United States
- Understanding the role of culture in health
- Navigating cultural differences
- Navigating language differences
- Developing a culturally competent system of care

National Public Health and Hospital Institute (NPHHI)

1212 New York Ave NW, Ste 800
Washington, DC 20005
202 408-0229

Conducts policy research and education programs related to vulnerable populations, their communities, and the providers who serve them. Recent work includes investigations of urban and social health issues in US cities, interpreter services in teaching hospitals, and cultural diversity and cross-cultural competence in health care.

New York Task Force on Immigrant Health

NYU School of Medicine
Division of Primary Care
550 First Ave
New York, NY 10016

The Task Force has several publications on interpreting, including:

Access Through Medical Interpreter and Language Services: Research and Recommendations, 1997

An Introduction to Medical Interpretation: A Trainer's Manual, 1997

US Department of Health and Human Services Office of Health Promotion and Disease Prevention

Hubert H Humphrey Bldg
200 Independence Ave, SW, Rm 738G
Washington, DC 20201
202 401-6295
800 367-4725

HHS Initiative to Eliminate Racial and Ethnic Disparities in Health

<http://raceandhealth.hhs.gov>

Priorities of this comprehensive national initiative include:

- getting people to take responsibility for their own health
- eliminating health disparities related to race and minority status, and
- encouraging the inclusion of women's health curricula in medical education and health professions training.

Valuable statistics and charts are maintained and disseminated in conjunction with this initiative

Healthy People 2010

<http://www.health.gov/healthypeople>

Healthy People 2010, of which the AMA is a partner, continues the major national collaboration project designed to focus national and local efforts

on eliminating health disparities by race, ethnicity, age, gender, income, and disability status.

Organizations, agencies, and individuals are provided with information and resources to:

- promote healthy behavior;
- promote healthy and safe communities;
- improve systems for personal and public health; and
- prevent and reduce diseases and disorders.

The comprehensive campaign has a strong consumer outreach, involving hundreds of disease-related associations and self-help groups. The DHHS recognizes the untapped resources available through consumer groups to support behavior change.

Books

Children of Color: Psychological Interventions with Minority Youth

JT Gibbs, LN Huang, eds.
San Francisco, CA: Jossey-Bass Publishers, 1989

Cultural Competence for Evaluations: A Guide for Alcohol and Other Drug Abuse Prevention Practitioners Working With Ethnic/Racial Communities

MA Orlandi, R Weston, LG Epstein
Rockville, MD: OSAP, US Department of Health and Human Services, 1992

Directing Health Messages Towards African Americans: Attitudes Toward Health Care and the Mass Media

JL Sylvester
Garland Publishing, 1998

Explores diversity and similarities between white and African-American populations with specific information on how health messages can be effectively communicated to African Americans. Includes chapters on communication theories and crafting an effective health campaign.

Ethnic Minority Health: A Selected Annotated Bibliography

Craig Haynes
Medical Library Association, 1997

Focuses on Native Americans/Alaskan Natives, African Americans, Hispanic Americans, Asian/Pacific Islander Americans, the elderly, women, children, the poor, immigrants, refugees, and people with disabilities.

Materials on ethnic minority health are organized under the following broad topics and material types:

- Bibliographies
- Directories
- Medicine
- Mental health
- Medical education
- Health professions
- Research
- Service delivery and access
- Prevention and health promotion
- Law
- Legislation
- Congressional hearings
- Dissertation and theses
- Multimedia
- Serials

Ethnicity and Family Therapy

M McGoldrick, JK Pearce, J Giordano, eds.
New York: Guilford Press, 1996

Ethnicity and Medical Care

Alan Harwood
Harvard University Press, 1981

Harwood's book appears in the reference lists of many of the books and articles in the *Compendium*. The chapters on urban Black Americans, Chinese Americans, Haitian Americans, Italian Americans, Mexican Americans, Navajos, and Mainland Puerto Ricans contain information and suggestions of use to today's health care providers. Harwood was among the first to emphasize that, "[a] personal commitment by health-care personnel to improve face-to-face interactions in health-care situations can make a significant contribution toward greater patient satisfaction and more effective medical care."

Harwood felt that clinicians must become capable in the following areas to deliver culturally competent care:

- Address class and professional barriers to ethnically appropriate health care.
- Elicit the patient's model of the problem and treating the illness.
- Make medical treatment more comfortable with the patient's lifestyle.
- Improve the articulation between mainstream and nonmainstream sources of health care.

Harwood warns against using cultural-specific information to obscure the individual patient, which "can occur if the health-care provider treats the information stereotypically and acts as if all members of an ethnic category must behave and believe in the same fashion." Harwood further advises health care providers to apply their "expanded knowledge of ethnic health beliefs and practices with due attention to the needs of the individual patient."

In "Guidelines for Culturally Appropriate Health Care," Harwood notes that "[r]ecurrent issues allow for the development of general guidelines for the delivery of health services to ethnic groups" (482). These recurrent issues in clinical care include:

Recognizing intraethnic variation

- Exposure to biomedical and popular standards of health care
- Income, occupation, and religion
- Area of origin in the mother country
- Implications for the clinician

Ethnic concepts of disease and illness

- Eliciting the patient's concept of disease
- Identifying and managing discrepancies between patients' and practitioners' concepts of disease or illness
- Working with common ethnic concepts of disease etiology
- Treating culture-specific syndromes

Becoming ill: how patients' evaluation of symptoms affect treatment

- Variables precipitating the illness experience
- Women as interpreters of symptoms
- Relief of pain or other symptoms
- Anxiety-provoking symptoms
- Fear of treatment
- Interference with role responsibilities and valued activities

Coping with illness outside the mainstream medical system

- Home treatment: implications for mainstream health care
- Incorporating preferred modes of treatment into standard regimens

- Self-medication as a possible health hazard
- Alternative healers: implications for mainstream health care

While recognizing that in some cases alternative forms of therapy may interfere with biomedical diagnosis and treatment, Harwood reported data demonstrating that, more often than not, alternative healers complement the delivery of mainstream medical services and frequently refer their clients to mainstream sources of care.

Ethnic factors in encounters with and adherence to mainstream medicine

- Language and patient expectations
- Interactional norms
- Behavioral ethics
- Therapeutic diets

Helping families during recovery, rehabilitation, and terminal illness

Access to biomedical knowledge

Access to biomedical knowledge remains a crucial issue for many ethnic patients. The sections on Virtual Resources (IX) and Patient Resource Materials (VII) are intended to assist providers in making this information more readily available.

The aspects of ethnic subcultures identified by Harwood as likely to bear most heavily on medical care—ethnic concepts of disease and illness, folk and popular traditions of health care, problems of language and translation, dietary practices, interactional norms, and the role of the family in compliance with long-term treatment—continue to be identified by researchers at the turn of the century.

Family Therapy with Ethnic Minorities

MK Ho, ed.
Newbury Park, CA: Sage Publications, 1992

Healing Latinos: Realidad y Fantasia—The Art of Cultural Competence in Medicine

D Hayes-Bautista, R Chiprut
Cedar-Sinai Health System, 1999

Provides health care professionals with understanding of the Latino community's cultural approach to health, disease, and health care. Chapters include personal accounts of experiences with Latino clients by the authors and other contributors on the topics of culture, the meaning of death, spirituality and religion, and complementary practices.

Health Issues for Women of Color: A Cultural Diversity Perspective

DL Adams, ed.
University of Maryland, 1995

Multidisciplinary and multifaceted approach to the major health concerns of women of color, focusing on African American, Hispanic/Latina, Asian/Pacific Islander, Middle Eastern, and American Indian/Alaskan Native women. Identifies emerging health concerns, research needs, and key policy issues. Also addresses topics such as homelessness, mental health, and drug abuse.

Latino Health in the US: A Growing Challenge

C Molina, M Aguirre-Molina, eds.
American Public Health Association, 1994

Comprehensive volume reflecting the research, knowledge, and expertise of nationally recognized Latino researchers, scholars, educators, and activists. Includes:

- Profiles of Latinos in the health care system
- Life cycle and family health
- Patterns of chronic disease
- Occupational health
- Alcohol, drug, and mental health issues

Minority Children and Adolescents in Therapy

MK Ho
Newbury Park, CA: Sage Publications, 1992

Nuestra Cultura, Nuestra Salud: A Handbook of Information on Latin American Health Beliefs and Practices

Centro San Bonifacio, 1997
1332 N Greenview
Chicago, IL 60622
773 252-9098

Compiled by Centro San Bonifacio, Erie Family Health Center, and Midwest Latino Health Research Training and Policy Center of the University of Illinois at Chicago, to build greater understanding, respect, and communication between providers and their patients. Topics include hot and cold classification of disease, traditional health beliefs and practices, and home treatments for folk illnesses.

One America in the 21st Century: Forging a New Future

President's Initiative on Race
Washington, DC: September 1998

Complete text available at:
<http://www.whitehouse.gov/Initiatives/OneAmerica/cevent.html>

Reflects the results of a 15-month effort by seven board members, chaired by John Hope Franklin, to discover the role race plays in civil rights enforcement, education, poverty, employment, housing, stereotyping, the administration of justice, health care, and immigration.

Cultural Competence of Providers

The 121-page report contains a section on "Cultural Competency of Providers," which addresses structural inequities and provider discrimination, as well as other causes of racial disparities in health care access.

Recommendations to reduce these disparities include strategies similar to those espoused by the AMA:

- Continue advocating for broad-based expansions in health insurance coverage.
- Continue advocacy of increased health care access for underserved groups.
- Continue pushing for full funding of the race and ethnic health disparities initiative.
- Increase funding for existing programs targeted to underserved and minority populations.
- Enhance financial and regulatory mechanisms to promote culturally competent care.
- Emphasize importance of cultural competence to institutions training health care providers.

The report urges the Department of Health and Human Services to strongly encourage medical training institutions and accrediting associations to require that students receive some training in cultural competency.

Palliative Care: Patient and Family Counseling Manual

Aspen Publishers Inc, June 1996
200 Orchard Ridge Dr
Gaithersburg, MD 20878
800 638-8437
<http://www.aspenpublishers.com>

- Provides information on end-of-life care that includes segments related to many of the special populations included in this *Compendium*.

- Includes handouts for patients and family and practical applications for practitioners.
- Provides guidance on training volunteers to deal effectively and caringly with patients from all cultural backgrounds and deciding who to listen to if the parents and partner of a gay patient offer conflicting instructions.
- Includes recommendations and policies from the AMA's Elements of Quality of Care for Patients in the Last Phase of Life, as well as:

Patient and family issues

- Education tools
- Final stages of life
- General patient education
- Patient planning guide
- General family education

General guidelines for caregiving

- Pain management
- Grief
- Psychosocial issues
- Spiritual care
- Nutrition in terminal care
- Professional concerns/volunteer training
- Financial/legal issues
- HIV/AIDS issues (patient and family)

A Pocket Guide to Cultural Assessment

Elaine Geissler
Mosby-Year Book, 1994

An invaluable compilation of information on dozens of cultural variables for 170 countries, including:

- major languages
- ethnic groups, religions
- predominant sick care practices
- family role in hospital care
- pain reactions
- ethnic/race specific or endemic diseases
- dominance patterns
- eye contact practices
- touch practices
- perception of time
- birth and death rites

- food practices and intolerances
- infant feeding practices
- child rearing practices
- national childhood immunizations

Psychopharmacology and Psychobiology of Ethnicity

K Lin, R Poland, G Makasaki, eds.
Washington DC: American Psychiatric Press, 1993

Societal Forces Reshaping American Medicine: Implications for Internal Medicine and the Board

American Board of Internal Medicine (ABIM)
50 Walnut St
Philadelphia, PA 19106
215 446-3562

Several presentations from the 1997 ABIM Summer Conference addressed issues on cultural competence, including complementary care and a multicultural society. Contains "Cultural Competence: Addressing a Multicultural Society," with a 77-item bibliography centered on the significance of disparities in care to nonmajority populations.

Transcultural Child Development

G Johnson-Powell, J Yamamoto, GE Wyatt,
W Arroyo, eds.
New York, John Wiley and Sons, 1997

The Ultimate Multi-Ethnic Resource for Chicago

C Linton, ed.
Illinois Ethnic Council, 1998

Includes information on 450 ethnic organizations, 120 ethnic media outlets and area scholars, and translation services for the Chicago area. The Illinois Ethnic Council also published *Ethnic Handbook: A Guide to the Cultures and Traditions of Chicago's Diverse Communities*.

Journals and Journal Articles

Analysis of Quality Care for Patients Who Are Black or Poor in Rural and Urban Settings

KL Kahn, ML Pearson, ER Harrison, et al
RAND, 1993

-American population and identify a new group at substantial risk for cardiovascular disease and in need of effective heart disease prevention programs. Includes 75 references.

Assessing Multicultural Counseling Competence: A Review of Instrumentation

JG Ponterotto, BP Rieger, A Barrett, et al
Journal of Counseling and Development;
Jan-Feb 1994, Vol 72:316-322

The Clinical Use of Interpreters

W Arroyo
In *Handbook of Child and Adolescent Psychiatry*,
Vol 7, New York: John Wiley and Sons, 1997

Black-White Disparities in Health Care, AMA Council on Ethical and Judicial Affairs

JAMA, May 2, 1990; 263(17):2344-2346

A Comparative Analysis of Three Cross-Cultural Training Approaches: In Search of Cross-Cultural Competency

R Salcido, JA Garcia
Arate 1997;Vol 22, No 7:35-49

Cancer Studies Fail Minorities

S Stapleton
AMNews, Feb 8, 1999

The Concept of Race and Health Status in America

DR Williams, R Lavizzo-Mourey, RC Warren
Public Health Rep, 1994; 109:26-41

Cardiovascular Risk Factors in Mexican American Adults: A Transcultural Analysis of NHANES III, 1988-1994

Jan Sundquist, Marilyn Winkleby
American Journal of Public Health, May 1999,
Vol 89, No 5

A Conceptual Framework for Assessing and Treating Minority Youth

JT Gibbs, LN Huang
In *Children of Color: Psychological Interventions with Minority Youth*, pp 1-29
JT Gibbs, LN Huang, eds.
San Francisco, CA: Jossey-Bass Publishers, 1989

Examines the extent to which cardiovascular disease risk factors differ among subgroups of Mexican Americans living in the United States. Findings illustrate the heterogeneity of the Mexican

Cross-cultural Mental Health Treatment

L Comas-Diaz
In *Clinical Guidelines in Cross-cultural Mental Health*, pp 337-361
New York: John Wiley & Sons, 1988

**Cultural Aspects of Treatment:
Conceptual, Methodological,
and Clinical Issues and Directions**

AJ Marsella, J Westermeyer
In *Treatment of Mental Disorders*, pp 391-420
N Sartorius, et al, eds.
American Psychiatric Press, World Health
Organization, 1993

**Cultural Assessment of Black American
Men Treated for Prostate Cancer:
Clinical Case Studies**

ME Cooley, K Jennings-Dozier
Oncol Nurs Forum, 1998;25:1729-1736

Presents the importance of beliefs about health and illness, use of a lay referral system, use of folk treatments, and the importance of family, community, and spiritual support.

**Cultural-Specific Methods, Techniques,
and Skills in Individual Therapy**

MK Ho
In *Family Therapy with Ethnic Minorities*,
pp 119-149, MK Ho, ed.
Newbury Park, CA: Sage Publications, 1992

**Differences by Race in the Rates
of Procedures Performed in Hospitals
for Medicare Beneficiaries**

AM McBean, M Gornick
Health Care Financing Review, Summer 1994; 77

**Effect of an Intensive Educational
Program for Minority College Students
and Recent Graduates on the
Probability of Acceptance to Medical
School**

JC Canter, MA Bergeisen, LC Baker
JAMA, 1998;280:772-776

**The Effect of Race and Sex
on Physicians' Recommendations
for Cardiac Catheterization**

Kevin A Schulman, Jesse A Berlin, William
Harless, et al
NEJM, February 25, 1999, Vol 340, No 8, 618-626

**Effects of Race and Income on Mortality
and Use of Services among Medicare
Beneficiaries**

ME Gornick, PW Eggers, TW Reilly, et al
NEJM, 1996; 335:791-799

**The Entry of Underrepresented Minority
Students into US Medical Schools:
An Evaluation of Recent Trends**

DM Carlisle, JE Gardner, H Liu
Am J Public Health, 1998;88:1314-1318

**Ethnic Minorities and Health Promotion:
Developing a Culturally Competent
Agenda**

BWK Yee, GD Weaver
Generations, Spring 1994;18(1):39-44

**Ethnic Variation in Cardiovascular
Disease Risk Factors Among Children
and Young Adults. Findings from the
Third National Health and Nutrition
Examination Survey, 1988-1994**

MA Winkleby, TN Robinson, J Sundquist,
HC Kraemer
JAMA, March 17, 1999;281:1006-1013

Family Medicine Journal

Society of Teachers of Family Medicine
 Box 8729
 8880 Ward Parkway
 Kansas City, MO 64114
 800 274-2237
<http://stfm.org>

The March 1998 issue of the journal was dedicated to minority health.

Health Care for Black and Poor Hospitalized Medicare Patients

KL Kahn, ML Pearson, ER Harrison, et al
JAMA, 1994; 271:1169-1174

Implications of Race/Ethnicity for Health and Health Care Use: Racial/Ethnic Differences in Health Care Utilization of Cardiovascular Procedures: A Review of the Evidence

ES Ford, RS Cooper
Health Services Research, April 1995; 30:1, Part II, 237

Income, Race, and Surgery in Maryland

AM Gittelsohn, J Halpern, RL Sanchez
American Journal of Public Health, 1991; 1435

Journal of Health Care for the Poor and Underserved

Meharry Medical College
 1005 Dr. D B Todd, Jr. Blvd
 Nashville, TN 37208

Published four times a year by the Institute on Health Care for the Poor and Underserved at Meharry Medical College. Disseminates information on the health of, and health care for, low-income and other medically underserved communities to health care practitioners, policy makers, and community leaders who are in a

position to effect meaningful change. Pertinent issues include access to, quality of, and cost of health care. See *Language Barriers to Health Care* issue, Vol 9 Supplement, 1998, above.

Multicultural Counseling Competencies and Standards: A Call for the Profession

DW Sue, P Arredondo, RJ McDavis
Journal of Counseling and Development, 1992;70:477-486

National Comparative Survey of Minority Health Care

The Commonwealth Fund, 1995

A Paradigm for Culturally-Based Care in Ethnic Minority Populations

Marjorie Kagawa-Singer, Rita Chi-Ying Chung
Journal of Community Psychology, April 1994, Vol 22, 192-208

Pew: Encourage Minority Physicians

J Greene
AMNews, Dec 28, 1998

Physician Race and Care of Minority and Medically Indigent Patients

E Moy, BA Bartman
JAMA, 1995;273:1515-1520

Physician Service to the Underserved: Implications for Affirmative Action in Medical Education

JC Cantor, EL Miles, LC Baker, DC Barker
Inquiry, 1996;33:167-180

Race and Health Care—An American Dilemma?

HJ Geiger
NEJM, 1996; 335:815-816

Race Differences in Estimates of Sudden Coronary Heart Disease Mortality, 1980-1988: The Impact of Ill-defined Death

D Armstrong, S Wing, HA Tyroler
J Clin Epidemiol, 1996; 49:2147-1251

Racial Differences in Cerebrovascular Disease Hospitalizations

AL Klatsky, MA Armstrong, GD Friedman
Stroke, 1991; 22:299-304

Racial Differences in the Delivery of Hemodialysis

RA Sherman, RP Cody, JC Solanchick
Am J Kidney Dis, 1993; 21:632-634

Racial Differences in the Elderly's Use of Medical Procedures and Diagnostic Tests

JL Escarce, KR Epstein, DC Colby, et al
American Journal of Public Health, 1993:948

Racial Differences in the Use of Drug Therapy for HIV Diseases in an Urban Community

RD Moore, D Stanton, R Gopalan, et al
NEJM, 1994:763

Black patients were significantly less likely than whites to receive anti-retroviral therapy or PCP prophylaxis when first referred to an HIV clinic.

Racial Differences in the Use of Invasive Cardiovascular Procedures in the Department of Veterans Affairs Medical System

J Whittle, J Conigliaro, CB Good, et al
NEJM, 1993;621

The authors found race-related inequities in the Veterans Administration system when studying the use of invasive cardiovascular procedures. White patients were more likely than blacks to undergo invasive cardiac procedures, including cardiac catheterization, PTCA, and CABG. Similar findings were present in the Ford and Cooper study of the private sector, published in 1995.

Racial Variation in Cardiac Procedure Use and Survival Following Acute Myocardial Infarction in the Department of Veterans Affairs

ED Peterson, SM Wright, J Daily, et al
JAMA, 1994; 271(15):1175-1180

Refugee and Immigrant Information Outline

The Tennessee Department of Human Services has prepared a packet of materials describing issues related to refugee and immigrant health, including information on state regions where refugees settle and their access to care in those areas. Approximately 3,500 to 5,000 legal immigrants and 1,400 refugees are admitted annually to Tennessee, and the Hispanic population in middle Tennessee is estimated as high as 26,000. The packet includes materials on mental health issues of southeast Asian refugees, the magnitude of culture gaps and differing world views, and strategies to build trust for a successful physician-patient relationship.

Relationship Between Patient Race and the Intensity of Hospital Service

J Yergan, AB Flood, JP LoGerfo, et al
Medical Care, 1987; 592

**Roles of Race and Socioeconomic
Factors in Health Service Research**

KA Schulman, LE Rubenstein, FD Chesley, et al
Health Services Research, 1995

**Training Psychiatrists for Working
with Blacks in Basic Residency
Programs**

WH Bradshaw
American Journal of Psychiatry,
1978;135(12):1520-1523

Zeroing in on Cancer

AMNews, Feb 8, 1999

