

# Research Programs

Over the years, CCHCP has initiated, conducted and collaborated on a variety of community research programs. If you are interested in starting a research program in your community, we invite you to look through the list of projects we have worked on.

Please contact us at [ccprograms@xculture.org](mailto:ccprograms@xculture.org) – we would love to work with you on your project!

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## **CCHCP and ENACCT collaboration to enhance recruitment and retention of minority communities in cancer clinical trials**

A 6 hour cultural competence training program for cancer clinical trial investigators and their staff is being developed by the Cross Cultural Health Care Program (CCHCP) and the Education Network to Advance Cancer Clinical Trials (ENACCT). This training program will help cancer clinical trial investigators deliver more appropriate outreach, recruitment and retention services for underserved populations in their communities. The training is based on the 14 Culturally and Linguistically Appropriate Services (CLAS) standards.

This program, currently under development is especially important in oncology, because many cancer patients receive their cancer care in the context of a phase III trial.

This first of its kind curricula will be piloted in ENACCT's three pilot sites in 2007, reaching over 100 professionals.

## **Navigators in Health Care**

Health navigator programs, which pair patients with navigators who serve as guides through complex medical and administrative processes and systems, are demonstrating their effectiveness by improving health outcomes for medically-underserved populations. The Washington State Department of Social and Health Services tasked the CCHCP to produce a review of navigator programs in the Northwest and nation-wide, looking at various elements of program design and outcome measures. In addition, we are producing an in-depth literature review and bibliography on topics surrounding health navigators. This work will form the foundation for a curriculum that will delineate best practices for health navigators working within culturally and linguistically diverse communities.

## **Cross Cultural Health & Nutrition Demonstration Project**

CCHCP reached out to approximately 1000 persons in the Samoan, Tongan, Guamanian/Chamorro, Native Hawaiian, Figian, Tahitian, Micronesean, American Indian, Alaska Native, and Filipino communities. Based on their input, CCHCP

developed and implemented a culturally appropriate Community Health & Nutrition Demonstration Project. This two-year project provided nutrition education and related health promotion activities targeting the incidence of diabetes, cardiovascular disease, hypertension, and obesity in these communities.

### **OMH Project: Reflections on the CLAS Standards**

CCHCP was chosen to do a study on the CLAS standards and undertook a detailed review of ongoing CLAS and multicultural related efforts in a number of projects. Staff traveled to review 6 sites in the states of Alaska, Texas, Rhode Island, Maryland, Massachusetts and Washington. The final report highlights work that reflect the CLAS standards and speaks to the needed next steps in this OMH-guided effort.

### **Washington State DOH: Cross Cultural Workshop on Tobacco**

The Washington State Department of Health tasked CCHCP with doing a State-wide study of tobacco use in underserved communities and to identify the tools health care professionals need to combat this growing problem. The work included preparing strategic plans for reducing tobacco use in these communities. CCHCP will follow and evaluate the work being done and the results over time in order to make recommendations to other state programs and the Center for Disease Control.

### **Standard of Best Cultural Competency Practices for Medicaid Managed Care Populations**

This study was funded by the Robert Wood Johnson Foundation. The resulting "Constructing the Middle Ground: Cultural Competence in Medicaid Managed Care" is available for purchase in either softcover or CD-Rom format. The project examines the relationships among best organizational, clinical, consumer service practices, and perceived outcomes as found among several community and migrant health centers.

### **Death and Dying in Ethnic America**

This study was collectively funded by the Group Health Foundation, the Swedish Hospital Foundation, and the Nathan Cummings Foundation. The results have been published in a 200-page book, *Death and Dying in America*, examining end of life beliefs, expectations, and experiences of ethnic communities in the United States. Communities included are from the Horn of Africa and Southeast Asia. The book is available on line from our Books & Resources section.

### **Cultural Competency in a Major Medical Center**

The Research Department conducted a proprietary study of a major local medical center to assist their personnel in understanding the experiences of ethnic minority inpatients. Rujuta Gaonkar, MPH, conducted post-discharge interviews with patients and their families as well as interviewing physicians and social workers serving those patients. Interviews of patients and families delved into their most recent

hospital stay, reflecting on what they experienced, saw, and felt. Issues that emerged are intended to assist managers throughout the medical center to reflect on systemic change needed to make advances in culturally competent service.

### **Strengthening Children and Families in White Center**

White Center is a large transitional community just south of Seattle. As one of the last affordable housing areas in the region, it attracts lower income residents, including those with subsidized public housing and immigrant and refugee populations. Given these characteristics, White Center and its residents experience serious problems with employment, education, and youth. The Annie E. Casey Foundation is developing community partners and investing in community-based activities to strengthen White Center children and their families. CCHCP conducted initial program evaluation of these efforts, developing a useful history of this community, assisting the partners with advice, and working with other investigators to provide the community and the partners with useful data about current conditions and change.

### **Cultural Competency Assessment in Sexual Assault Programs**

This study was funded by the Washington Office of Crime Victims Advocacy and is now complete and available to social service organizations. The published version, *Enhancing Cultural Competency*, is an assessment tool for cultural competency in the setting of social service delivery, and comes with manual and videotape. It was written specifically to meet the needs of community sexual assault programs but is proving to be as useful to other providers.

### **Community Assessment of Health Plans Study (CAHPS)**

Under a subcontract to a larger effort, CCHCP examined ways in which the CAHPS survey, a self-administered member/patient satisfaction tool, can be improved to reflect the experiences of and feelings toward their health care plans and provider organizations. Clancy Clark headed activities to test the utility of translated CAHPS questionnaires and brochures with Vietnamese members/patients.

### **Overcoming Disparities in Health Care – Diabetes**

The REACH Coalition is a Center for Disease Control funded local coalition of health care and other agencies involved in designing and providing services to ethnic and racial minorities with high rates of diabetes. The purpose of the Coalition is to reduce the disparities in community education, health care, and health status based on race and ethnicity. The role of CCHCP includes providing community focus group training to Coalition member agencies engaged in community activities, conducting analysis on community focus groups, community summits, and key informant interviews, and preparing final research reports. The community summits are being hosted by local churches, community organizations and community health centers and are facilitated by community health center and/or CCHCP staff. The reports are intended to inform the interventions planning process. In mid-May, 2000, Thomas

Lonner, PhD produced the first draft report on community summits held in and by Samoan, Filipino, Chinese, Korean, and Hispanic communities.

### **The Social Issues of Diabetes Self-Management**

The Seattle/King County Community Diabetes Initiative, a coalition of community health agencies, began a new collective diabetes registry in 1999. Its purpose was to standardize data collection and draw conclusions about health agencies' practices and patient populations; particularly ethnic minorities, immigrants, and refugees. In addition, the coalition was interested in monitoring the advancement of self-management in these agencies' patients. CCHCP was invited to analyze and comment on the initial database development and to test the utility of the registry as an investigative tool. In addition, CCHCP interviewed persons with diabetes being served by these agencies regarding the aid and barriers they felt when trying to obtain adequate support. A final report, by Clancy J. Clark and Thomas Lonner, reflects the situations of these patients and the supports they need to manage their disease.