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# A Model Community Program for Bilingual And Culturally Sensitive Health Education

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In the Chinese Community, management of many health problems can be hampered by a lack of linguistic and culturally sensitive health education programs. Private practice physicians may find it difficult to implement a bilingual and culturally sensitive education program due to limited language capabilities and lack of other resources.

Recognizing this local need Chinese Hospital, members of its affiliated Independent Physician Association, Chinese Community Health Care Association, and its health plan, Chinese Community Health Plan joined together to form the Chinese Community Health Resource Center (CCHRC) in 1989. The center serves as an extension of the physician's office. Physicians direct their patients to the Center for bilingual and culturally sensitive health education programs, individual nutrition counseling, and a reference library. The Center also holds health fairs and distributes a quarterly newsletter.

To ensure the quality of the services, the Center is under the direction of an Advisory Committee that includes representatives from the three entities. The Committee elicits information from physicians about their needs of their patients, encourages physicians to join in the program planning, and asks physicians to review health education curricula and other educational materials. Studies have shown that physicians are more likely to recommend educational programs to patients if they consider the contents to be accurate, the medical approach to be consistent with their own, and the presentation of the program to be respectful of their own relationship with their patients.

CCHRC's nutrition counseling program is provided on a physician referral basis; health education programs are provided on a self-referral basis. To encourage participation, all services are provided at no cost.

In 2002, there were 704 referrals from physicians for individual nutritional counseling. Health education classes hosted 1,792 participants. Of that group 40 percent indicated they had heard about the programs from their physicians or their physicians' office staff.

Seventy-seven percent of the class participants travel over an hour to attend the classes, with only 23% from the immediate Chinatown area. From among the

participants, 77% indicated they came to the programs to increase their knowledge in a particular topic; 40% came because the topic was related to their health; 21% came because the topic was related to the health of their family or friends. Ninety percent of the respondents indicated they would use the information learned to change their everyday health habits.

In conclusion, an effective health education program for any ethnic group can be successfully implemented by taking into consideration the cultural and linguistic backgrounds of the target population.