Designing Safety-Net Clinics for Cultural Sensitivity

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The Center for Health Design (CHD) is a nonprofit organization that engages and supports professionals and organizations in the health care, construction, and design industry to improve the quality of health care facilities and create new environments for healthy aging. CHD's mission is to transform health care environments for a healthier, safer world through design research, education, and advocacy. For more information, visit www.healthdesign.org.

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I. Introduction

PUBLISHED RESEARCH HAS DOCUMENTED racial and ethnic disparities in both access to health care and the quality of care.[1-4] These studies suggest that cultural and social barriers between health care providers and nonimmigrant people of color may affect quality.[4] As the U.S. population grows increasingly diverse and minority groups expand, it becomes imperative to provide culturally sensitive care. This is particularly important in safety-net clinics, whose patient populations are largely drawn from ethnic minority groups. Because these clinics are located in the communities they serve, they have the opportunity to provide quality care that is sensitive to the needs of their diverse patient base. This paper discusses the effects of cultural factors in multicultural health care interactions and the role of the physical environment in supporting such interactions and promoting high-quality care.

Although studies have examined patient and provider characteristics and behavior patterns that impact patient outcomes in multicultural health care interactions, little information is available on the role of the physical environment as it supports or hinders these interactions.[5-8] However, research in other settings shows that physical environment, including organization and layout of spaces, visual cues, and symbols, conveys meaning to people. Health care events such as births, illnesses, and deaths are rife with cultural meanings, rituals, and customs. The physical environment has the potential to support and engage patients and their families during these experiences.

Through a literature review, case studies, and interviews with safety-net clinics, the authors identified key aspects of the physical environment that affect health care interactions within the context of cultural factors. The following design strategies support the provision of culturally sensitive care:

- Location of the clinic within the community;

- Creation of wayfinding systems that enable easy navigation for patients and families; and

- Design of waiting rooms and exam rooms to support the presence and involvement of families.

As safety-net clinics plan and design their facilities, it is critical that they engage members of the community in the process. These potential users of the clinic can help administrators understand how cultural factors affect health care and can contribute to the development of design strategies that address these issues.

This paper provides a framework and recommendations for designing culturally sensitive safety-net clinics with a special focus on the role of physical environment in patient-provider interactions. The recommendations should not be interpreted as prescriptive guidelines but as considerations for a design team as it examines issues related to designing clinics for diverse cultures.

II. Methodology

GIVEN THE DEARTH OF INFORMATION about culturally sensitive design in health care, the authors searched gray literature (including Web pages, reports, and magazine articles) in addition to literature reviews of publications. Searches also included existing Center for Health Design databases and those of PubMed, EBSCO, ScienceDirect, and Google Scholar.

A series of site visits and phone interviews with safety-net clinics in California and Colorado also provided useful information about current common practices, lessons learned, and recommendations for environment design.

While research has been conducted on various ethnic groups in other settings (e.g., Alzheimer's care), those findings are not easily translatable to primary care environments, which are more focused on episodes of illness. A large body of literature does exist, however, on cultural competence in health care and its implications for the provider, health care organization, and health care system. The studies reviewed did not directly address physical environment design issues, but they provide the context in which the role of physical environment can be understood. The research pointed to the following understandings of key concepts and terms:

Culture. Culture is a collection of beliefs and behaviors that are learned and shared by members of a group.[7] It can also be considered as the learned values, beliefs, norms, and way of life that influence an individual's thinking, decisions, and actions. While people may belong to a particular cultural group and follow the general standards and customs of that group, they may behave differently in certain situations due to additional factors that have shaped their culture. For example, a person from a specific ethnic background may hold certain cultural values. But he/she may work within a particular professional culture, such as nursing, which holds its own values. Further, the culture of the organization in which individuals work or interact with one another also shapes their behavior. Thus, many subcultures can exist within one culture.

Cultural sensitivity. In health care, cultural sensitivity involves understanding the values, beliefs, and attitudes of providers and patients during health care interactions.[1]

Cultural competence. Cultural competence means that providers have the responsiveness, knowledge, capacity, and skills to meet the unique needs of populations from different cultures.[1] Culturally competent providers not only understand cultural differences, but use that knowledge to transcend those differences in providing high-quality care.

III. Cultural Competence: Finding Common Principles

As racial and ethnic diversity in the U.S. population increases, cultural competence is becoming a necessity in health care. Ahmad argues that individuals, communities, organizations, and health systems must strive for cultural competence to achieve effective and equitable health care.[1] Cultural competence requires educating health care providers about their own biases, helping them understand their patients' perspectives, and equipping them to use that knowledge to address patients' health care needs. Awareness of the characteristics specific to various cultural groups helps in interpreting their behaviors. But it is critical to note the significant variations that can exist among individuals in a particular group, based on family background, gender, profession, and other factors. While a culturally competent provider may understand and respond to a unique individual, it is extremely challenging to design a health care facility that responds to every patient's culture. This challenge requires consideration of some common principles for accommodating the cultural needs of a wide variety of groups.

Understanding which aspects of a person's culture may affect his/her health care interactions is a critical first step. It then becomes possible to suggest design solutions that support these interactions. The following cultural aspects may affect health care encounters:[2,7]

- Models of health and disease;

- Perception of hospitals, doctors, and other healers;

- Hierarchical vs. egalitarian cultures;

- Family and social relationships (decisionmaking); and

- Communication norms.

The sections that follow examine each of these interrelated concepts and how they play out in health care activities, as well as the role of the physical environment in supporting patient-provider interactions. Illustrative examples from case studies are provided.

Models of Health and Disease

Cultures promulgate their own notions of illness and health care interactions. Galanti describes three primary health belief models:[7]

- **Magico-religious model.** Health and well-being are subject to the actions of gods or other supernatural forces, which can act on their own or be manipulated by other humans. In some cases, illness is seen a punishment for wrongdoing.

- **Biomedical model.** Life is believed to be controlled by a series of physical and biochemical processes, which can be studied and manipulated. Because of their education and training, nurses and physicians primarily ascribe to the biomedical model.

- **Holistic model.** The forces of nature must be kept in harmony both within the body and between the individual and the physical and metaphysical universe. Health is a positive state of physical, social, and mental well-being.

These health models may also be related to religious and spiritual beliefs. Within any cultural healing system, elements of more than one paradigm or model may apply. If a patient's beliefs vary from that of the provider, a conflict may arise with the prescribed treatment, often causing non-adherence.

On an interpersonal level, it is crucial that the practitioner understands and respects patients' beliefs and explains proposed treatments so they make sense within the context of their worldview. At the community level, outreach and education about different healing systems will help ensure that patients are receptive to the regimens their physicians prescribe. At an organizational level, the institution must respect and understand patients whose beliefs differ and accommodate their practices, within the boundaries of patient safety.

The design of the physical environment can demonstrate this empathy at an organizational level. The use of signs, symbols, and design elements that signify health and healing in a particular culture shows a connection to the community. The design and layout of the Native American Health Center's Seven Directions Health Center in Oakland, CA, for example, represents the interconnectedness with nature and natural elements that is central to Native American culture (Figure 1). The medicine wheel, which Native Americans consider sacred, is integrated into the facility's design. The building's exterior is recognizable as Native American. The circular arrangement represents the circle of life, and the seven circles signify the seven directions of Native American culture (north, south, east, west, up, down, and center). Totem poles, a mosaic story pole, and boulders, which are symbols of the Lakota and Navajo tribes, are displayed, along with artifacts from many other tribes.

The center also connects with its Native American patient population through programs such as cooking demonstrations, which teach healthy, nutritious cooking in a lively setting. By addressing health issues such as obesity and diabetes that are relevant to Native American populations, these cooking classes make an important contribution to the community.

Research suggests that artwork with appropriate content serves as a positive distraction in health care settings.[9] La Maestra Community Health Center in San Diego addresses the needs of its multicultural patient population with a "Healing Through Art and Culture" program that collects art from different cultures for sale and display in the clinic. La Maestra and the Open Door Health Center in Eureka, CA, are planning community gardens to encourage local people to cultivate familiar plants. Nature and natural elements hold significant meaning across cultures, and gardens enable active and passive engagement for patients and families.[10, 11]

Figure 1. Interconnectedness with Nature and Natural Elements: Lobby, Main Entrance, and Outdoor Spaces

Location: Native American Health Center's Seven Directions Health Center in Oakland, CA.

In addition, educational programs and lectures by highly regarded healers can help bridge the gap between different disease models. A design implication of such programming is the allocation of sufficient space to accommodate these community activities.

Some key recommendations:

- Consider design elements and layouts that hold cultural meaning for the patient population being served.

- Use artwork to represent and include the cultures represented at the clinic.

- Provide a connection with nature and natural elements.

- Include spaces for community education and social activities.

Figure 2. La Maestra Community Health Center in San Diego, CA

Perceptions of Hospitals, Doctors, and Other Healers

As a result of historic prejudice and discrimination, such as the infamous experiments in which African American men with syphilis were left untreated, many ethnic and racial minorities distrust the health care system.[12] Individuals from minority groups might avoid seeking health care for fear of some form of institutional retribution. Community health clinics have the opportunity to improve the health-seeking behavior of these groups. By locating in the communities from which their patients are drawn, they can actively reach out and provide services such as education, immunizations, translation, and preventive care. By involving patient advocates in the design and operation of the clinic, they can facilitate communication between the clinic and the communities they represent. Following are brief descriptions of some of these efforts.

La Maestra Community Health Center promotes a sense of ownership among community members by encouraging representation by local people on the clinic's management team. People from the community are also hired to work at the clinic. According to staff, these strategies are effective in fostering a sense of clinic-community pride.

La Clinica de la Raza in the Fruitvale Transit Village in Alameda County, CA, is well integrated with its community. The Transit Village is a 10-acre area adjacent to a rapid transit station that includes many community resources and commercial businesses. It includes several unique collaborations, including a Head Start childcare program and a senior center. The health center's social service programs also help with housing, psycho-social assessments, service referrals, and crisis intervention. La Clinica has developed a relationship with the local community college to provide dental assistant training. These strategies not only help establish the clinic as a part of the community but facilitate easy access to the clinic for community members.

Bolinas Community Health Center in Marin County, CA, increased its outreach to the rural area it serves through home visits by staff and physicians. Mobile health clinics, which are frequently an extra service of the clinic, can expand health coverage by moving the care setting closer to people who do not have adequate transportation or other resources to seek care.

The lobby of South Central Foundation's Anchorage Native Primary Care Clinic serves as a community focal point. It includes a café and a place for community members to sell native arts and crafts, use computers, and even dance.

These examples suggest that clinics often need to develop active strategies to engage patients and enhance their trust in the health care system. Following are some recommendations for increasing access for patients from racial and ethnic minorities:

- Locate community clinics so they are easily accessible (including pedestrian and public transportation access) to the communities they serve.

- Collaborate with other community services such as elder centers and children's daycare to make comprehensive social and community services available in one location.

- Give patient advocates a voice in the facility's planning and design.

- Include community representatives in the clinic's management and operation to promote pride and ownership.

- Provide space in the facility for social and community activities as a way of integrating the clinic into the community.

Hierarchical vs. Egalitarian Cultures

Cultures vary widely in terms of social structure. Galanti suggests that American culture is organized according to an egalitarian model in which, theoretically, everyone is equal regardless of age, gender, family, and occupation.[7] In many Asian cultures, however, strict hierarchies apply, and those who operate within those cultures know where everyone stands with respect to everyone else. Status is based on characteristics such as age, gender, and occupation. Status differences are important in these cultures, and people of higher status, including doctors, command respect. Respect is also an important value in Hispanic cultures, and patients may avoid speaking up or asking questions out of a sense of respect for the doctor. They may respond nonverbally, causing frustration for both patient and provider. In other situations, the patient may be accompanied during a medical visit by a family member of higher status (e.g., the family patriarch or matriarch). Often, the senior family member communicates with the doctor and decides whether the patient will follow or reject a proposed treatment.

Creating an environment of egality is one of the foundations of the movement toward patient-

centered care, which has focused on removing boundaries between patient and provider to make them equal partners in the process. Research conducted at the Mayo Clinic considered the impact of examination room design on patient-provider communication.[13] The study compared interactions between patients and providers in standard examining rooms versus experimental rooms in which patient and provider sat on the same side of a semicircular table and had equal access to a computer screen. The researchers found no difference in measures of satisfaction, mutual respect, and communication quality in the two layouts, but the outcomes for accessing and sharing information on the computer screen were better in the experimental layout. This study did not specify the distribution of study participants (patients and providers) with regard to race and ethnicity, so it is not clear whether cultural variations affected the quality of communication in the two room designs.

South Central Foundation's Anchorage Native Primary Care Clinic sought to reduce the power differential between caregiver and patient in order to support the development of personal relationships, which they believe is critical for delivering quality care. The clinic designed half of its exam rooms as "talking rooms" that contain no examination table.

Additional research is needed to examine the effect of exam room layout on communication and relationship-building during multicultural health care interactions. Following are some recommendations for addressing facility design as it relates to these issues:

- Involve patient advocates from cultural groups represented in the community during the design process so that communication issues in those cultures can be explored and addressed through design.

- Provide space for the patient and family members in the exam room to enable key individuals to participate in decisionmaking and commitment to follow-through.

Family and Social Relationships

The role of family and social relationships in health care decisionmaking and caregiving varies among different cultures. The culture of the U.S. typically values independence and self-care; individuals largely make their own health care decisions. In many Asian and Hispanic cultures, however, the group or the family takes precedence over the individual, and the family often makes decisions collectively about the health and treatment of one member.[1,7] The family unit is often large, including parents, uncles and aunts, brothers and sisters, and children. Family members frequently accompany a patient during a medical visit, which can pose a challenge to a physician who has been trained in communicating with one patient rather than a large group. Further, the hierarchical nature of families in some cultures dictates that family elders, rather than the patient, will respond to the health care provider. The patient may not be the primary party to describe symptoms, decide on treatment options, or assure compliance.[7] Culturally competent health care providers use this knowledge to ask the right questions and engage the group rather than the individual to achieve the best patient outcome.

At La Maestra in San Diego and at the planned Open Door Community Center in Eureka, waiting and treatment areas are designed with family participation in mind. (See Figures 3 and 4 on the following page.)

The design of the clinic environment can support family presence and participation in multicultural health care interactions. Following are key design recommendations:

Figure 3. Family Area Designed for Participation

Location: La Maestra Community Health Center in San Diego, CA.

Figure 4. One Larger Exam Room Incorporated in Each Pod to Accommodate Bigger Groups

Location: Open Door Community Center in Eureka, CA.

- Provide larger exam rooms that can hold a provider, an interpreter, a patient, and at least one family member.

- Add flexible partitions between adjoining exam rooms to accommodate additional family members if needed.

- Design consultation spaces or multipurpose areas that are large enough for bigger groups.

- Provide adequate capacity in waiting rooms for patients and accompanying family members.

- Include positive distractions such as televisions, reading materials, and gardens in public spaces for patients and family members.

Communication Norms

Miscommunication is a frequent problem in health care settings, particularly when the patient and hospital personnel do not speak the same language.[7] The presence of an interpreter can address the problem, but an interpreter does not always have an extensive medical vocabulary. Galanti discusses other aspects of language, such as the use of idioms unfamiliar to native English speakers, variations in the use of certain words and possible negative cultural connotations associated with certain words.[7] Understanding these nuances can be as important as conveying the appropriate medical terms.

Aside from language barriers, cultural differences in verbal and nonverbal communication styles and patterns pose a significant problem in effective patient-provider communication.

A systematic review of studies that examined patient-provider communication in primary care offices revealed an association between physicians' verbal and nonverbal behaviors and positive health outcomes for patients.[14] Verbal behaviors that were positively associated with health outcomes include the following: empathy; reassurance and support; patient-centered questioning techniques; encounter length; history taking; explanations; both dominant and passive physician styles; positive reinforcement; humor; psychosocial talk; time spent in health education and information sharing, friendliness; courtesy; orienting the patient during the examination; and summarization and clarification.

Nonverbal behaviors positively associated with patient outcomes include head nodding, leaning forward, direct body orientation, and uncrossed legs and arms. While these nonverbal behaviors on the part of physicians are associated with positive outcomes, physicians are sometimes unable to interpret and respond to the nonverbal behaviors of patients from different cultures.

The importance of personal relationships is critical in communicating with patients from Hispanic cultures. Because these patients often value personal relationships more than institutional relationships, they tend to prefer their community clinics over other health care settings for primary care.[3] Patients from Hispanic cultures expect providers to be warm, friendly, and personal and to take an active interest in their lives. Appropriate verbal communication is important in establishing this trust, but nonverbal behaviors and body language are also critical.

Personal space, or the invisible boundary around an individual which others may not cross, varies from culture to culture. Acculturated Americans (from any race or ethnicity) typically have a larger personal space and maintain greater distance during conversations with both acquaintances and strangers. In many Hispanic cultures, the personal space is smaller and closeness is often preferred in one-to-one interactions. Some Hispanic patients might therefore perceive the customary distance from their provider of two feet or more as a sign of disinterest and

detachment. Sitting closer, leaning forward, giving a comforting pat on the shoulder, or making other friendly gestures all convey interest and help establish a personal relationship with a patient.[3]

Even within a culture, individuals may vary substantially in their preference for closeness or distance in health care interactions, and the provider might attempt to gauge those preferences and set up the exam room to facilitate the interaction. The exam room itself should be flexible to allow these types of interactions, enabling the doctor and patient to sit either across the table from each other or in closer proximity.

The increased use of exam room computing adds another layer of complexity to these health care interactions. Numerous studies indicate that electronic health records (EHRs) affect both the nature and flow of a health care encounter and the patient's satisfaction with it.[15–18] Ventres and colleagues classified into four categories the factors that affect how EHRs are used and perceived in health care:[18]

- Spatial – effect of the physical presence and location of the EHR on interactions between provider and patient;

- Relational – perception of physicians and patients about the EHR and how that perception affects its use;

- Educational – development of physicians' proficiency and patients' understanding of EHR use; and

- Structural – institutional or technological forces that impact physicians' perception of EHRs.

While all these factors affect the health care encounter, spatial factors are of particular interest because they influence the personal relationship between patient and provider. Spatial design recommendations that can contribute to improved patient-provider interactions while using EHRs include the following:

- Position the computer monitor so that both patient and provider can view it, but at the same time enable them to sit side by side and make visual contact as needed.

- Consider an open layout of exam rooms to encourage better visual contact and physical closeness.

- Incorporate a flexible patient room design that allows different configurations of patient and provider interactions. The ability to reposition the computer monitor also lends flexibility.

The use of EHRs is potentially challenging in health care interchanges involving multiple family members, especially when the patient is not the key decisionmaker. Research is needed to examine how physical design can facilitate interactions in these situations.

In addition to interpersonal communication, effective wayfinding is a form of communication critical to the health care experience. An integrated set of wayfinding strategies that enables patients and families to easily find their destinations enhances their experience. Ulrich and colleagues suggest that a practical wayfinding system should include the following: maps and electronic information to prepare patients for their visit; external building signals and cues that direct patients to the building and parking lot; effective signage and directories that lead them to their destination within the building; and a simple building layout with clear lines of sight to key destinations.[11] Wayfinding strategies at different levels should be coordinated and consistent in appearance and message.

La Clinica de la Raza has developed a wayfinding system that incorporates the components described above. Wayfinding begins at the transit village's pedestrian plaza, with ample signs and maps throughout the plaza to enable visitors to find La Clinica's entrance. Throughout the facility, wayfinding is organized by color, trilingual signage, and symbols. For example, women's health, pediatrics, and family medicine all have their own entry and trilingual signs with symbols that identify the practice. A specific color on the floor and accent walls distinguishes each service.

**Figure 5. Signage with Symbols and Trilingual Text**

Location: La Clinica de la Raza in Alameda County, CA.

A number of studies have examined wayfinding issues in detail.[19–22] However, few have scrutinized wayfinding design for multicultural health care settings, such as safety-net clinics, where a majority of the patients and families may not be proficient in English. Strategies such as color-coding departments and incorporating landmarks at key decision points have been used effectively in safety-net clinics and other health care settings. But these techniques sometimes fail when facilities add new wings or undertake renovations without carrying through existing wayfinding patterns.

Creating informational materials (maps, brochures, and Web sites with directional information) in multiple languages for various patient groups may be necessary. Devising a signage system that meets the needs of a diverse population

Figure 6. Service Lines and Programmed Spaces Identified with Color on Walls and Floor
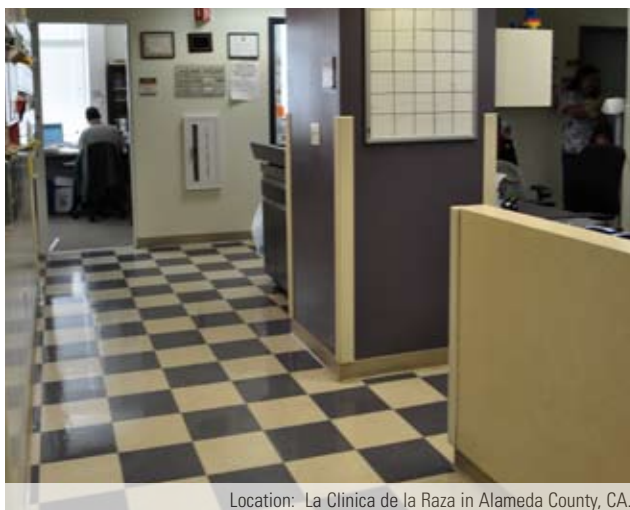

Location: La Clinica de la Raza in Alameda County, CA.

is significantly more challenging, as signs usually incorporate text, symbols, and numbers to relay wayfinding information. Providing adequate information in multiple languages while avoiding clutter on the signs can require a balancing act.

The 2005 "Universal Symbols in Healthcare Workbook" defines universal symbols as a language that is "read" when a picture or symbol connects with a viewer's concept of its meaning (Figure 7 on page 13). The report contends that universal symbols provide a better solution for designing wayfinding signage systems than existing multilingual word signs or signs that use a combination of words, numbers, and landmarks.[23] Certain symbols, such as a train or an airplane, are universally understood, but others, such as a cross or money, may be interpreted differently depending on the individual's culture. The 2010 update to the original report suggests 50 symbols, from about 600, for use in health care. Individuals from English, Spanish, Indo-European, and Asian language groups tested the symbols for acceptance and understanding. The report provides detailed information on the design of signage systems

Figure 7. Examples of Symbols in "Universal Symbols in Health Care Workbook"
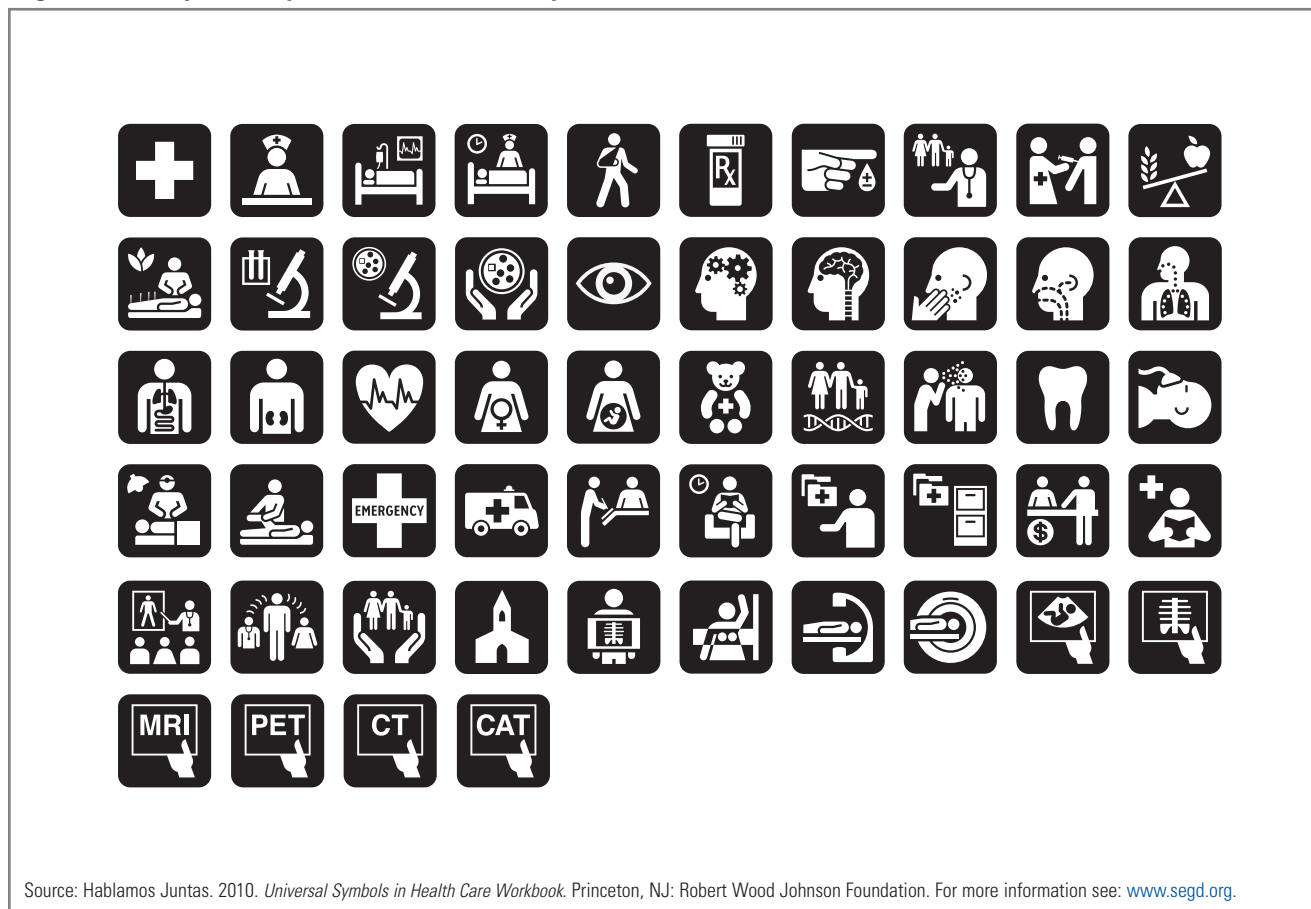
using universal symbols supplemented by words and numbers.

The 2010 update not only expanded the symbol development, but included post-occupancy results of Phase 1.[24] The authors recommend four main elements for successful implementation of universal symbols:

- Identify appropriate sign locations and link visible locations to place signs.

- Incorporate wayfinding. Integrate symbols, along with text, numbers, and letters, with existing wayfinding systems.

- Add print and interpretive media support. Combining symbols with print materials, such as maps and handouts increases understanding of universal symbols.

- Establish staff and volunteer support. Symbols are an easy tool for teaching direction-giving skills to hospital staff and volunteers.

Summary of Design Recommendations

Key planning and design recommendations for culturally sensitive and culturally competent community clinic design include the following:

- Involve community representatives early in the design process. Conduct focus groups to examine issues that may impact the health care experience for patients from diverse communities. Issues outlined in this paper such as models of health and disease, perception of hospitals, doctors, and other healers, hierarchical vs. egalitarian cultures, family and social relationships, and communication norms might be relevant. Additional issues may emerge during the focus groups.

- Consider the location of the clinic within the community to enable easy access and integration with community activities. Factors that should affect location include convenient pedestrian and public transportation access, proximity to other community resources, and provision of spaces for community activities. Involvement of community representatives in planning and operation helps identify appropriate locations for clinics.

- Organize space and use visual and sensory design elements to convey meaning to the cultures represented at the clinic. If the clinic is to serve patients from multiple cultures, artwork can provide meaningful connections to the diverse patient population.

- Use integrated wayfinding strategies that communicate information to patients and families from different cultures. Simple building layouts with good sightlines reinforced with clear signage are effective. Use basic (as opposed to medical) terms to indicate locations, and provide information in several languages, depending on the primary patient populations. Universal symbols supplemented with text and numbers are a good solution for creating signs in a multicultural setting.

- Offer a connection to nature and natural elements. This might include views to nature or access to community gardens. Programs that offer local people the opportunity to cultivate plants from their native cultures can enhance community-clinic integration.

- Provide multipurpose spaces for educational, social, and cultural activities.

- Include large waiting areas to accommodate patients and accompanying family members.

- Provide positive distractions for patients and families in waiting areas, such as culturally relevant artwork, reading materials in different languages, television, and information kiosks.

- Ensure that consultation spaces and exam rooms are large enough to accommodate multiple family members.

- Design exam rooms for flexibility and patient-centered care. The exam room should ideally allow several types of interaction: provider-patient, provider-interpreter-patient, provider-patient-family member/s, and so on. It should also be possible to modify the layout so that the provider can comfortably interact with patients to establish personal relationships.

IV. Conclusion

Safety-net clinics should consider the following questions as they embark on designing new facilities or renovating existing ones:

- Is our organization culturally competent in terms of its policies, staffing, and education and outreach to staff and communities?

- In order to design and operate a culturally sensitive facility, should we plan on undergoing cultural transformation as an organization?

- What effects might our patients' cultural values, norms, and beliefs have on their health care interactions and the quality of care we provide?

- What challenges do we face in providing care to patients of diverse cultures?

- How can building design and layout facilitate or impede effective communication during multicultural health care interactions?

- For each of the cultural issues identified as significant for our patient population, what are the design implications that we should consider?

- How can we use the clinic design process to engage local people and integrate the clinic into the community?

- How can we design our clinic to flexibly address cultural issues as the patient population (and cultural mix) changes over time?

Cultural competence in the health care environment—and particularly in the safety net—is increasingly important as the nation becomes more diverse. Along with patient-centered care, cultural competence has a role in the equitable provision of high-quality care to diverse local communities. A well-designed physical environment that supports multicultural provider-patient interactions is essential to this culturally competent care.

The case study examples illustrate ways that safety-net clinics are responding to the needs of their patient populations through culturally sensitive design strategies. These designs enhance access to care for patients from ethnic and racial minorities, integrate the clinic with the community, and engage patients and families as active participants in their care. However, there is still a dearth of research examining how culturally sensitive design affects patient and community outcomes. As safety-net clinics engage in planning and designing new facilities, they have the opportunity to thoughtfully integrate design strategies that will support the needs of their patient populations while adding to the knowledge base in this area.

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Marin County, CA
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La Clinica de la Raza in the Fruitvale Transit Village
Alameda County, CA
www.laclinica.org/fruitvalevillage

La Maestra Community Health Center
San Diego, CA
www.lamaestra.org

Native American Health Center's
Seven Directions Health Center
Oakland, CA
www.nativehealth.org

Southcentral Foundation's
Anchorage Native Primary Care Clinic
Anchorage, AK
www.southcentralfoundation.com