

# **Fact Sheet on Cultural Competency**

## **DHMH Office of Minority Health and Health Disparities**

**December 20, 2006**

### **Why is Cultural Competence Important?**

Growing diversity in the U.S. population contributes to fundamental differences between health care providers and their patients. These include differences in nationality, language, culture, ethnicity, family background, and life experiences.

When providers and patients are unaware about their differences, their ability to communicate effectively is severely compromised. There is indisputable, persistent and well-documented evidence of poor health status of racial and ethnic minority groups as compared to non-Hispanic whites in the US. Decreased life expectancy increased infant mortality and increased disease-specific mortality and morbidity among persons from African American, Hispanic and Native American descent has been persistent and in some cases exhibits a worsening trend [1]. The IOM report concludes that bias, prejudice and discrimination in the doctor-patient relationship were among major causes of unequal treatment leading to poorer health outcome among racial/ethnic minorities as compared to whites [2]. In recognition of the importance of cultural competency training, the American College of Physicians (ACP) has issued a strong position statement endorsing cultural competency training among all health care professionals and support personnel as a critical measure of achieving better health outcomes [3].

## **The Impact of Cultural Competence on Clinical Outcomes**

1. A growing body of evidence suggests that racial perceptions and stereotypes contribute to decision-making regarding diagnostic and treatment options by health care providers and can lead to compromised care especially in areas of invasive cardiac procedures [4].
2. There is unquestionable evidence that racial and ethnic minorities are more likely to receive lower quality care than whites particularly when being treated for heart disease or cancer [5].
3. Lower enrollment in clinical trials, organ donation programs and surgical interventions by ethnic/racial minorities is well documented, results in disproportionate mortality rates and could be attributed to in part to cultural gaps in patient-physician communications [6].
4. Mistrust in medical providers is pronounced in racial minority groups even when controlling for age, education and socio-economic status and can lead to poor compliance with medication and treatment regimen [7].
5. A recent study conducted by the American Medical Association revealed that many of the nation's physicians confront issues pertaining to health disparities in their daily practice and express an interest in participating in educational activities to address these [8].

In summary, enhancing health care providers' cultural competency makes sense on many fronts. It makes ethical and moral sense, as the rights to be treated with dignity and respect and achieve

optimal physical and mental well-being are all basic components of human rights. Moreover, a culturally competent health workforce makes fiscal sense as it will reduce costs incurred by broken communications, inefficient care, and lack of adherence with treatment regimen. The case for cultural competency in health care is especially compelling in Maryland given its growing diversity. The state of Maryland is one of the most diverse states in the nation, ranking fifth in its diverse constituency among U.S. states and is expected to reach an ethnic majority status in 2010. Moreover, Maryland ranks fifth nationally among states with the largest increase in immigration rates.

## References

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3. ACP, *Racial and Ethnic Disparities in Health Care*. *Annals of Internal Medicine*, 2004. **141**(3): p. 226-232.
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5. Richardson, L.D., C. Babcock Irvin, and J.H. Tamayo-Sarver, *Racial and ethnic disparities in the clinical practice of emergency medicine*. *Acad Emerg Med*, 2003. **10**(11): p. 1184-8.
6. McCann, J., et al., *Evaluation of the Casue for Racial Disparities in Surgical Treatment of Early Stage Lung Disease*. *Chest*, 2005. **128**(5): p. 3440-3447.
7. Brandon, D.T., L.A. Isaac, and T.A. LaVeist, *The legacy of Tuskegee and trust in medical care: is Tuskegee responsible for race differences in mistrust of medical care?* *J Natl Med Assoc*, 2005. **97**(7): p. 951-6.
8. AMA. *Physicians Are Becoming Engaged in Addressing Disparities: Preliminary Survey Brief*. 2005 [cited; Available from: <http://www.ama-assn.org/ama/pub/category/14969.html>].

## Recommended Resources

1. The United States Department of Health and Human Services, Office of Minority Health developed and tested a curriculum on cultural competency training for health providers entitled “A Family Physician’s Practical Guide to Culturally Competent Care.” The module is interactive, free and is based on the latest research in the area of cultural competence. It incorporates the CLAS (Culturally and Linguistically Appropriate Services) standards and can be accessed on the following site: <http://thinkculturalhealth.org/cccm/>
2. A report was commissioned by the Commonwealth Fund entitled: “Promising Practices for Patient-Centered Communication with Vulnerable Populations: Examples from Eight Hospitals.” The report provides best practices nationally for cultural competency training.
3. The Association of American Medical Colleges (AAMC) developed Tools for Assessing Cultural Competency Training (TACCT). These tools provide a validated way to assess the efficacy of cultural competency training: <http://www.aamc.org/meded/tacct/start.htm>
4. The federal Office of Minority Health released a report called “CLAS A-Z: A Practical Guide for Implementing the National Standards for culturally and Linguistically Appropriate Services (CLAS) in Health Care.” The report provides useful information on the development and implementation of the CLAS standards.
5. HRSA has just released the results of a national comprehensive study entitled “Health Resources and Services Administration

Study on Measuring Cultural Competence in Health Care Delivery Settings,” which can be found at the following web address:

**<http://www.hrsa.gov/culturalcompetence/asures/attachmen t1.htm>**

6. A curriculum development project developed by HRSA entitled: “Transforming the Face of Health Professions through Cultural and Linguistic Competence Education.” The guide provides strategies, tools, and resources for implementing and integrating cultural and linguistic competency content and methods into existing programs under the leadership and guidance of the HRSA Centers for Excellence.

<http://www.hrsa.gov/culturalcompetence/curriculumguide/>

7. The American Medical Association put together a new DVD to help physicians end health disparities: “Working Together to End Racial and Ethnic Disparities: One Physician at a Time.”

<http://www.ama->

[assn.org/ama1/pub/upload/mm/433/health\\_disp\\_kit.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/433/health_disp_kit.pdf)

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