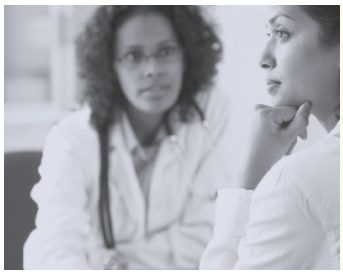
STRATEGIES *for* CHRONIC CARE™

The Role of Cultural Competence in Healthcare

Practicing medicine in the United States continues to become increasingly complex. Not only is the practice of medicine impacted by healthcare reform and managed care oversight, but the US population is more diverse than ever, and providers are seeing more patients with a broad range of perspectives regarding their health. Often, these perspectives are influenced by a person's cultural background.[1]

Defining cultural competence

"Cultural competence" is an important factor in closing the disparity gap in healthcare that exists in the United States. Through cultural competence, providers and patients can come together and discuss health concerns and approaches to treatment in an open, efficient manner, without cultural differences posing a barrier to the conversation.[2,3] The goal is to create a healthcare system that delivers quality care to all patients, regardless of race, ethnicity, culture, or language proficiency.[1]



"Cultural competence is the ongoing capacity of healthcare systems, organizations, and professionals to provide for diverse patient populations high-quality care that is safe, patient and family centered, evidence based, and equitable."

– National Quality Forum[4]

Realizing the Potential of Cultural Competence

As noted above, the increasingly diverse US population presents a challenge to the healthcare system. As different racial and ethnic groups (each with its own cultural traits and health profiles) become more prevalent, delivering healthcare to these distinct patient segments requires an understanding of the belief systems and traditions of individual patients.[2,3] This is particularly important when treating patients with chronic conditions, as racial and ethnic minorities tend to have higher morbidity and mortality from chronic diseases.[5-7]

Effective provider-patient communication is linked to improved patient satisfaction and adherence. It therefore stands to reason that poor communication—perhaps as a result of sociocultural differences between the provider and the patient—may be a contributing factor leading to poorer outcomes.[1] By contrast, providing culturally competent care may

- Improve clinical outcomes[8]
- Increase the efficiency of clinical and support staff[4]
- Create greater satisfaction among patients[8]

Federally Required and Recommended Practices Related to Culturally Competent Health Services

The Office of Minority Health (OMH) of the US Department of Health and Human Services (HHS) has issued 14 national standards on culturally and linguistically appropriate services (CLAS) in healthcare. The CLAS standards provide consistent definitions of culturally and linguistically appropriate services in healthcare and offer a framework for the organization and implementation of services. The standards are organized by themes[2,9,10]:

- Culturally competent care (Standards 1-3)
- Language access services (Standards 4-7)
- Organizational supports for cultural competence (Standards 8-14)

Strategies for Providing Culturally Competent Care

Improving your cultural competence does not have to be a daunting task. Typically, it just takes slowing down and becoming more aware of both your own communication style with your patients and what they may be conveying through nonverbal cues. Cultural competence is a skill worth honing. Employing the following strategies can help[11,12]:

- ☑ Raise your awareness of your own value system and the potential for bias
- ☑ Acknowledge and respect the role of the family for many cultures in healthcare decision-making; decision-power may be given to the family member of highest status in some cultures, even if this person is not the patient
- ☑ Ask about the use of alternative or complementary treatments, including Chinese herbal remedies and Eastern Indian Ayurvedic medicine
- ☑ Modify patient education discussions and materials so that they suit the patient's ability to understand and act on the information
- ☑ Ask patients how they prefer to receive information (eg, reading it, hearing it spoken, viewing it)
- ☑ Speak in plain language, avoid using technical terminology or medical jargon, and include relevant examples and stories whenever possible
- ☑ Use visual models, diagrams, or pictures to illustrate a medical procedure or condition
- ☑ Provide translated patient education materials
- ☑ Provide a language interpreter to facilitate effective communication
- ☑ Confirm patients' understanding by asking them to repeat what they heard you say in their own words

As you will be seeing patients with chronic conditions on a regular basis, it is important to note any cultural, religious, or spiritual needs that influence their care in their medical record and communicate patient preferences to the office staff.[12] This can help the office staff to plan for accommodations or provide necessary equipment throughout the care continuum.

Additional resources

The following organizations and resources provide valuable information about cultural competence in healthcare.

National Standards on Culturally and Linguistically Appropriate Services (CLAS)

The CLAS standards are national standards issued by the HHS OMH in response to the need to ensure that all people entering the healthcare system receive equitable and effective treatment in a culturally and linguistically appropriate manner.

http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15

Office of Minority Health (OMH)

The mission of the OMH is to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities.

http://minorityhealth.hhs.gov

The Health Resources and Services Administration (HRSA)

The HRSA is the primary federal agency for improving access to healthcare services for people who are uninsured, isolated, or medically vulnerable.

http://www.hrsa.gov/culturalcompetence/

References

1. Betancourt JR, Green AR, Carrillo JE, Park ER. Cultural competence and health care disparities: key perspectives and trends. *Health Aff.* 2005;24(2):499-505.
2. US Department of Health and Human Services. What is cultural competency? Office of Minority Health Web site. http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=11. Accessed August 30, 2010.
3. Brach C, Fraser I. Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. *Med Care Res Rev.* 2000;57(1):181-217.
4. National Quality Forum. *Cultural Competency: a Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency: a Consensus Report.* Washington, DC: National Quality Forum; 2009.
5. Centers for Disease Control and Prevention. *Prevalence of Diabetes Among Hispanics in Six U.S. Geographic Locations.* Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention.
6. Mead H, Cartwright-Smith L, Jones K, et al. *Racial and Ethnic Disparities in US Health Care: A Chartbook*. The Commonwealth Fund. March 2008.
7. Kung H-C, Hoyert DL, Xu J, Murphy SL; Division of Vital Statistics. Deaths: final data for 2005. *Natl Vital Stat Rep.* 2008;56(10):1-124.
8. Cooper-Patrick L, Gallo JJ, Gonzales JJ, et al. Race, gender, and partnership in the patient-physician relationship. *JAMA*. 1999;282(6):583-589.
9. US Department of Health and Human Services. National standards on culturally and linguistically appropriate services (CLAS). The Office of Minority Health Web site. http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15. Accessed September 21, 2010.
10. Graham G, Heurtin-Roberts S. Addressing disparities in clinical trials: Culturally and Linguistically Appropriate Standards in Clinical Trials (CLAS-ACT) and the EDICT BackPack Initiative. *J Cancer Educ.* 2009;24:S54-S55.
11. Misra-Hebert AD. Physician cultural competence: cross-cultural communication improves care. *Cleve Clin J Med.* 2003;70(4):289-303.
12. The Joint Commission. *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: a Roadmap for Hospitals.* Oakbrook Terrace, IL: The Joint Commission; 2010.