

Cultural Competency Training Trends.

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Amy Beaulieu, a meeting and event planner with the Midwest Bioethics Center in Kansas City, Mo., says her end-of-life-care national conference in June offered something a little different: A special reception included roundtables with representatives from minority advocacy groups to talk with the attendees about how to engage marginalized populations. "We keep trying to include a component like this in our meetings to make sure all areas of the population are reached," she says. And she's far from alone in trying to spread the diversity message.

Over a year ago, the Institute of Medicine issued an alert about the lower quality of healthcare available to minorities, as compared to whites, in the United States. Much of the reason for the disparity, according to Elena Rios, MD, president and CEO of the Washington, D.C.-based National Hispanic Medical Association, stems from distrust that forms when healthcare workers can't communicate effectively with non-English-speaking patients and when they don't understand the cultural forces behind patient behavior. Just how big a problem is it? Almost 46 percent of blacks felt their doctors exposed them to unnecessary risks when deciding on treatment, as opposed to 35 percent of whites, according to a 2002 University of North Carolina School of Medicine study.

Making Strides

There are many initiatives being undertaken from coast to coast to bridge the culture gap between healthcare workers and their patients.

At press time, California had a new bill, AB 801, on the Senate floor that would set guidelines for accredited CME on cultural competency. It would cover both live and long-distance learning programs that would teach cultural and linguistic competency for healthcare workers, according to Heather Campbell, associate director of government relations with the California Medical Association, which co-sponsored the bill with the California Hispanic Medical Association. "Hopefully, this will be a growth area for California," says Campbell, who says there are more than 100 languages spoken in her state. Language is difficult, she says, because Medi-Cal (California's Medicaid system) doesn't reimburse for interpreter services - "It's a huge problem because we have no basic structure for providing interpreter services," she says, adding that California's Medi-Cal reimbursements are the 42nd-lowest in the nation.

The Robert Wood Johnson Foundation also has invested \$10 million in the Hablamos Junto program, which is evaluating interpreter services in healthcare organizations around the country. Currently in the second year of a four-year study, the goal is to improve the communication between healthcare professionals and their patients who aren't proficient in English. And the Association of American Medical Colleges now requires cultural competency training for both faculty and students for all medical schools seeking Liaison Committee on Medical Education accreditation.

One obvious solution is to increase the number of minority healthcare professionals. A study cited in the September 2002 issue of the Journal of Health and Social Behavior found that patients who are of the same race as their doctor report more satisfaction with the care received. But the quick fix may be a long time coming: Hispanics comprise 12.5 percent of the U.S. population, but only 3.4 percent of physicians are Hispanic; blacks make up 12.3 percent of the U.S. population, but only 2.5 percent of U.S. physicians are black. And while the numbers of minority medical school graduates are increasing, they aren't increasing at the same rate as minority growth in the general population.

Also, as Rios points out, it's not just language and culture that counts in building trust with minority patients: "We're developing cultural competence training now targeted at the Hispanic population in New York City," she says. "But there are Puerto Ricans, Dominicans, Mexicans - all with different needs and challenges based on where they live, the community agencies that work with them, and the hospital referral systems they fall under. The hardest part about cultural competency training is that it has to be developed for each community."