Cultural Competency and Its Potential Effects on Major Health Outcomes

*Appalachian Healthcare Solutions with Appalachian People (AHSAP)*

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**ABSTRACT**

In 2006, Centers for Disease Control (CDC) identified the prevalence of cervical cancer, lung cancer, chronic lung disease and cardiovascular disease to be prominent in Appalachia.\(^1\),\(^2\),\(^3\) Preventive health screens and health education are limited by the remoteness of the region, poverty, limited education, lack of access to regional facilities, inadequate numbers of healthcare personnel, and the inability to establish trust between the physician (the outsider) and the native Appalachian.

Enactment of *Appalachian Healthcare Solutions with Appalachian People (AHSAP)*, would close the culture gap, reduce medical errors, improve patient-physician relationships (compliance), physician-physician relationships (coordination of care), and physician-health professional communications and comprehension. *ARRA* funds would improve travel to regional healthcare providers and offset education costs and enhance education efforts to increase respect and communications between diverse groups. The delivery of quality healthcare will result in a decline in lung disease, heart disease, and cervical cancer. The successful establishment of new medical practices will improve the local economy by creation of multiple direct and indirect employment opportunities.

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\(^1\) Behringer, Bruce, et al, “Appalachia: Where Place Matters in Health”, CDC Preventing Chronic Disease, Volume 3: No. 4, October 2006.

\(^2\) Coyne, Cathy et al, “Social and Cultural Factors Influencing Health in Southern West Virginia: A Qualitative Study”, CDC Preventing Chronic Disease, Volume 3: No. 4, October 2006.