INTRODUCTION

Lack of access to culturally competent health care is a problem facing racial and ethnic minorities in the United States. Language barriers and lack of knowledge about how to access health care services have resulted in a population who does not seek medical attention. Sixty percent of legal immigrant noncitizens have no option for health care except for the emergency department and safety net clinics such as Federally Qualified Health Centers. Hiding diseases for years, these individuals finally seek healthcare when they have more serious and more costly disease processes.

Encouraging healthcare providers to provide culturally competent care should be a national priority. The National Institute of Health refers to cultural competence as “critical to reducing health disparities and improving access to high-quality health care, health care that is respectful of and responsive to the needs of diverse patients.” Understanding the customs, beliefs, and biases of a patient will lead to a better patient-doctor relationship and could potentially eliminate misunderstandings that lead to poor quality or prolonged care.

The Federation of State Medical Boards (FSMB) should require cultural competence medical education for physicians as a requirement for licensure in their respective states in order to increase access to culturally competent health care for immigrant populations.

BACKGROUND

The US population is becoming more diverse and multicultural. In 1996, one of every ten people living in the United States was born in another country. Forty five percent reported having trouble speaking English. Spanish is spoken at home by almost 37 million people aged five or older.

In 2010, approximately forty million foreign-born individuals resided in the U.S and that number is increasing. The number of immigrants is expected to double in the U.S. in the next thirty years. There are seven million low and middle income documented immigrants in the country today who lack health insurance. The Patient Protection and Affordable Care Act (ACA) will directly grant more medical insurance options for legal immigrants.

BARRIERS TO CULTURALLY COMPETENT CARE

Of 122 medical schools in the United States, 8 percent have dedicated separate courses for cultural competence. If health care providers fail to understand the socio-economic and sociocultural differences of patients, they might fail to provide optimal care. Other barriers to culturally competent care include lack of diversity in health care leadership. Poorly designed systems that do not take into account a diverse patient population will lead to patient dissatisfaction, lack of understanding, and lack of adherence.

STAKEHOLDERS

Many physician groups support culturally competent healthcare, although individual physicians might oppose increased licensing requirements. Organizations such as the American Medical Association, the Association of American Medical Colleges, the American Academy of Pediatrics, and the American Osteopathic Association have all promoted and developed cultural proficiency guidelines.

The Joint Commission’s new standards, A Roadmap for Hospitals, Advancing Effective Communication, Cultural Competence, and Patient and Family Centered Care, address improving cultural competence, but concentrate on translation services in hospitals rather than cultural differences between patients and providers.

RECOMMENDATION

Continuing medical education courses in cultural competence should be established in each state by their medical societies and each state’s medical licensing board should institute new requirements for licensure.

New Jersey, California, Washington, Illinois, New York, and Arizona, already have such requirements. Universities such as Drexel University College of Medicine teach courses for the purpose of meeting today’s New Jersey Medical Board cultural competency requirement.

The ACA will bring over seven million new immigrant patients to the health care system. These individuals need education and physicians who understand them and their cultures. Gaining health care literacy through culturally competent physicians will help immigrants and their families live healthier and longer lives in the United States.

References


