Chapter 1

Introduction

This book is intended for health professional students and practicing professionals and provides an overview of cultural competency and its relevance to healthcare providers. Health professions addressed include pharmacists, physician assistants, physical therapists, occupational therapists, speech-language pathologists, respiratory care technologists, physical therapist assistants, occupational therapist assistants, pharmacy technicians, and radiology technologists. This is in no way an exhaustive list because numerous career titles are relevant to the health professions.

Cultural competency is important and relevant to health professions primarily because patients need to feel comfortable in receiving services at all levels of care. Patients who believe there is a lack of cultural understanding may not express their medical concerns or fears and may decline to seek care or follow through on necessary suggestions and treatment regimens offered by their healthcare providers. Furthermore, lack of cultural understanding can lead to noncompliance on many levels, including missed appointments, seeking care from culturally accepted providers in their community who may not be formally trained in the health professions, and not divulging pertinent information such as certain nonpharmaceutical treatments they may be using, which may have a synergistic effect when combined with treatments given by their healthcare providers.

These scenarios may lead to malpractice cases because the health professional may be found liable for providing inadequate services due to lack of sufficient information because of trust issues with the patient. The medical history assessment process, for example, must take into consideration patients' cultural factors so that accurate information can be gathered to ensure optimal provision of care to the patient based on said histories.

In the United States millions of people are without health care due to lack of health insurance and, consequently, are medically underserved.

Many of these individuals are poor and/or people of color. The new healthcare reform law will not be implemented in its entirety until 2014. The legislation was designed to ensure that more Americans have access to health care by changing how coverage is provided; factors such as job changes and others previously led to the cancellation of coverage by insurance providers. In addition, people cannot be precluded from getting health care due to preexisting conditions. As healthcare reform gradually unfolds more people will soon have access to health insurance, and because those individuals who were disenfranchised were largely from minority groups with lower socioeconomic status, it is inevitable that cultural competency will be a necessary factor in terms of moving forward in serving all patients optimally.

Healthcare reform has also increased the need for additional healthcare professionals to meet the forthcoming rising demand for healthcare services. For example, physician assistants and nurse practitioners may begin to fill the gap due to the shortage of primary care providers. Schools that train health professionals must be poised to meet critical needs and ensure their students are diverse and culturally competent. The health professional students in training to meet these needs must be strong in their individual fields but also fully competent in terms of linguistic and cultural competency in all settings, including hospitals, community health centers, physicians' offices, and beyond. Cultural competency skill sets must be provided throughout their coursework to enable them to work in a cross-cultural capacity.

The new healthcare reform legislation is still a mystery to a certain degree because rules and guidance pertinent to implementation of the law are still in progress. These changes will take place at both the federal and state level. Cultural competency must be a key aspect of this process if a smooth transition is to occur. Healthcare professionals are critical to this process and can help the efficiency of this transition if they are optimally trained to do so in all aspects of their area of expertise. Consequently, cultural competency must be part of their curriculum as they are cultivated to serve all, particularly as the growing demand for health care increases for individuals from all walks of life.

Although it is imperative to discuss the need for cultural competency as an important aspect of the work of health professionals, it is equally important to point out some of the controversy surrounding issues pertaining to particular groups that seek health care in the United States, namely undocumented immigrants. This text will not serve to debate this issue, as there are varying opinions on this subject, but it is a hot button issue that is very relevant to cultural competency and the health professions and so is

explored to some degree in this work. On April 23, 2010 Arizona Governor Jan Brewer sparked tremendous controversy when she signed an immigration bill for her state based on her perception that the federal government was not protecting the Arizona border. Subsequently, on July 6, 2010 the Obama Administration sued the State of Arizona and Governor Brewer regarding the new legislation, indicating the Arizona law was unconstitutional and to preclude its implementation on July 29, 2010. No matter what takes place between these entities, in terms of health care (and beyond) immigration reform, of some sort, must take place in America as the provision of health care for undocumented immigrants remains a complex scenario without any clear-cut solutions.

In the interim, as immigration reform is debated, understanding various cultures that must be legally provided for in the United States, regardless of whether healthcare professionals agree with their immigration status, must be considered. Immigrants, documented and undocumented, are covered under the Emergency Medical Treatment and Active Labor Act, passed in 1986, which requires the provision of services to anyone in need of health care. This law pertains to all hospitals receiving federal funding from the US Department of Health and Human Services, Centers for Medicare & Medicaid Services under the Medicare Program, hence practically all hospitals. Immigration reform is largely a political matter. Regardless of how the situation is resolved, health professionals remain responsible for the provision of efficacious health care to their patients with cultural competency as a significant skill set.

In general, this text offers detailed descriptions of cultural and linguistic competency and other relevant terms and establishes the relevance of cultural competency to the health professions. Cost concerns, rapid demographic change, and cultural competency as a competitive change are also covered. Chapter 2 focuses on specific details associated with the designated racial and ethnic groups in the United States as established by the US Office of Management and Budget (OMB). Because various health professions offer services in many different settings, an exploration of the provision of cultural competency is considered in Chapter 3. Insight is also provided regarding cultural nuances, interpretation versus translation, multilingual signage, visual affirmation, and diversity of health professions.

Chapter 4 considers the curriculums of the health professions and why it is important to include cultural competency. The cultural competence continuum will also be explained in detail and relevant models theories and concepts will be considered within the context of cultural competency. Chapter 5 continues in this vein, focusing on the US educational system

and the intersection of cultural competence and health literacy. Educational interventions such as No Child Left Behind, Race To The Top, and Teach for America are also discussed along with the issue of the digital divide. Perspectives regarding standardized testing are explored as the goal of this chapter is to highlight how education or the lack thereof impacts health and how cultural competency and health literacy intersect.

Chapter 6 focuses on the provision of a definition of health disparities along with an historical overview. An explanation is also provided regarding health disparities among minority groups. The issue of immigration is also discussed in terms of its relevance to cultural competency. The role of culturally competent health professionals in terms of health disparities is also explored. Action steps taken by the federal government and other key entities are highlighted. In Chapter 7 the cultural competency assessment process is reviewed with insight provided as to why this process is imperative. Terms such as "reliability" and "validity" are explored, specific to survey instruments. Beyond self-assessment, customer service assessment and its relevance to cultural competency is also considered. Subsequently, Chapter 8 provides an overview of cultural competency and improved patient outcomes with a focus on training programs, including implementation, evaluation, and cost-effectiveness.

A different approach is undertaken in Chapter 9 in that cultural competency case studies for specific health professions are considered. As there are numerous health professions, examples are chosen that can be considered in a broader context with relevance to other fields. Chapter 10 highlights key aspects of the new healthcare reform law and its relevancy to the health professions and cultural competency. Funding of cultural competency initiatives are also considered. This information is provided within the context of an interview with Dr. Donna Shalala, currently the President of the University of Miami and the former Secretary of the US Department of Health and Human Services.

Chapter 11 explores the psychosocial impact of culturally incompetent care, focusing on the difference between prejudice and racism. Explanations are provided regarding how culturally incompetent care can cause psychological dilemmas for patients as well as explanations of microaggressions. Chapter 12 emphasizes the need for a paradigm shift for health professionals and cultural competency. Furthermore, there is a discussion of the expansion of minority markets, investing in cultural competence and the business aspect of health care, as well as decreasing malpractice claims, enhanced customer service, and quality care. Culturally and Linguistically Appropriate Services standards as well as qualitative research are discussed

in Chapter 13. Finally, Chapter 14 focuses on the ultimate challenge in terms of educational and institutional considerations for health professionals.

CHAPTER ORGANIZATION

Beginning with Chapter 2, each chapter contains learning objectives, a list of key terms, an introduction, a conclusion, a summary chapter problems, references, and suggested readings. Chapter 9 has a different format in that only case studies are provided. Chapter 10 consists of a brief introduction followed by an interview. Appendices are provided to call attention to cultural competency attitudinal assessment surveys; a list of useful websites, journal articles, and books; a list of acronyms; and sample focus group questions for further research and exploration, among others. An index is provided for the convenience of the reader.