

DIVERSITY

Why More Hospitals Should Prioritize Cultural Competency

by [Olympia Duhart](#)

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“Janice,” a hypothetical patient, is female, 46 years old, African-American, and a convenience store clerk living below the poverty level. These traits, particularly her gender, race, and socioeconomic status, immediately elevate her risk of cardiovascular disease.

These are important indicators her doctor, who would probably be male, white, and affluent, needs to keep in mind as he treats her. Several studies have shown that a patient such as Janice might be less likely to have insurance, less likely to have a regular physician, less likely to report symptoms, less likely to seek preventive care, and less informed about the lifestyle changes she should make to improve her health. These combined factors mean Janice is both more likely to have cardiovascular disease and more likely to die from it.

Based on my scholarship on historically underserved populations, from Hurricane Katrina survivors to veterans with post-traumatic stress disorder (PTSD), there’s often a cultural gap between doctor and patient that too often translates into a gap in health outcomes. Fortunately, there are simple, even obvious improvements that hospitals and medical professionals can make to improve care for patients like Janice. In addition to improving their efforts to recruit and retain a diverse workforce, so that care providers are

more reflective of the communities they serve, health care organizations can implement cultural competency training. This type of training is designed to reshape attitudes, beliefs, and practices in an organization to improve the delivery of services that meet the social, cultural, and linguistic needs of patients. Health care professionals should consider the following practices that top hospitals are using to boost the cultural competency of the care they provide.

Be creative and expansive about addressing language barriers. Eliminating language barriers is a critical first step in treating patients. According to a 2013 American Community Survey, one in five Americans – more than 60 million people – speak a language other than English at home. Even the most thoughtful providers can jeopardize patient safety when language barriers make an initial assessment or diagnosis impossible. Doctors and nurses should also be aware of the special challenges that might arise when relying on medically inexperienced, bilingual family members or nonmedical staff to serve as interpreters; even people with good intentions can compromise health care delivery. If a family member or nonmedical staff must be drafted to aid in interpretation when trained interpreters are not available, professionals should be aware of the limitations.

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Facilities should also pursue other steps to reduce the risk created by language barriers. First, commit to training all staff in identifying patients with limited English proficiency. Next, use plain language to communicate directives whenever possible.

Additionally, employ models, drawings, and devices to demonstrate points. Finally, make sure bilingual health care information reflects the community in which you serve. While many hospitals offer intake documents printed in English and Spanish, more facilities need to offer documentation that reflect the languages of the specific communities they serve, whether that's Vietnamese or Haitian Creole.

Be alert for, and responsive to, mental health challenges. When implicit bias and mental health challenges collide, it creates the perfect storm for misdiagnosis and serious health consequences.

That is a lesson that the survivors of Hurricane Katrina learned the hard way. Health care responders during the hurricane did not properly screen for mental illness and did not account for the reservations many poor people of color have about accessing mental health treatment. More than 10 years after the storm ravaged parts of New Orleans, the survivors are still grappling with the mental health difficulties brought on by the disaster. The ongoing struggle partially stems from the difficulty with diagnosing mental health issues in people of color, the population segment hit hardest by Katrina's tear through Louisiana. Mental health researchers believe that at least one-third of those in Katrina's path have battled mental illness following the storm.

As superstorms and coastal flooding become more prevalent due to climate change, hurricane preparedness procedures for health care professionals should include efforts to sensitize doctors and nurses to cultural barriers to help facilitate effective screening and care for patients dealing with mental health challenges.

Geopolitical pressures may also create more communities of color that might struggle with mental health issues. Recently, Syrians have been identified as a group disproportionately affected by PTSD, whether in Syria or in host countries. Proactive steps are needed to build a team of culturally competent professionals who can screen and treat mental health disorders among low-income individuals and people of color, two groups that have consistently shown disparities in mental health treatment.

Access to proper care is often a challenge for the millions of Americans struggling with mental illness, but these hurdles are often more pronounced in communities of color. African-American, Hispanic, and Asian adults are nearly 35% less likely than their white counterparts to receive treatment for mental illness because of accessibility barriers.

Be mindful of stereotypes. When people feel at risk of confirming a negative stereotype about their own social identity, they can feel anxiety or even withdraw entirely from the setting that is triggering the feeling. In the health care arena, this threat often impedes successful treatment, creating an additional obstacle for people of color to navigate when seeking care. Appointments may not be kept and symptoms may go unreported.

Health care providers can minimize anxiety about negative stereotypes by engaging in explicit discussions about what can be done to ease patient stress, such as advising them to bring a friend with them to their appointment, or offering to write down complicated instructions. Even general changes can help, such as talking openly and up front with patients about the universal anxiety many of them feel about health care treatment, regardless of their background.

As medical professionals strive to improve health care delivery for patients, they should explore policies and practices that enhance treatment for people from different communities. Improved cultural competency enhances patient satisfaction and compliance. As care providers know, interpersonal interaction between the patient and the health care provider is an important factor in successful treatment. Greater intentionality around developing cultural competency can go a long way toward improving patient care and closing the gap between doctors and patients. These three practices offer care providers a place to start.

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This article was exceedingly well done. It explained clearly the why and how of cultural competency. Understanding this need and fostering its use can positively transform the patient /physician relationship

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